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ABSTRACT

This packet contains an instructor's manual, an instructor's resource package, and a student workbook for a course for medication administration technicians in Oklahoma. The course consists of four units of instruction that cover the following: (1) exploring professional, ethical and legal issues; (2) administering medication; (3) document administration and resident care; and (4) obtaining vital signs. Each unit contains some or all of the following components: objective sheet, instructor's guide, information sheet, instructional supplement, assignment sheet, job sheet and skill test record, written test, answers to assignment sheets and written test, transparency masters, learning activity package sheet, handouts, and other materials. Units are designed to be used for more than one class period. The instructor's manual includes these components plus information on measuring student performance gains, required criteria for a competency-based education program, and a curriculum and duty and task crosswalk. The student workbook contains objective, information, assignment, and job sheets for each unit. A basic skills documentation matrix correlates skills with units of instruction. (KC)

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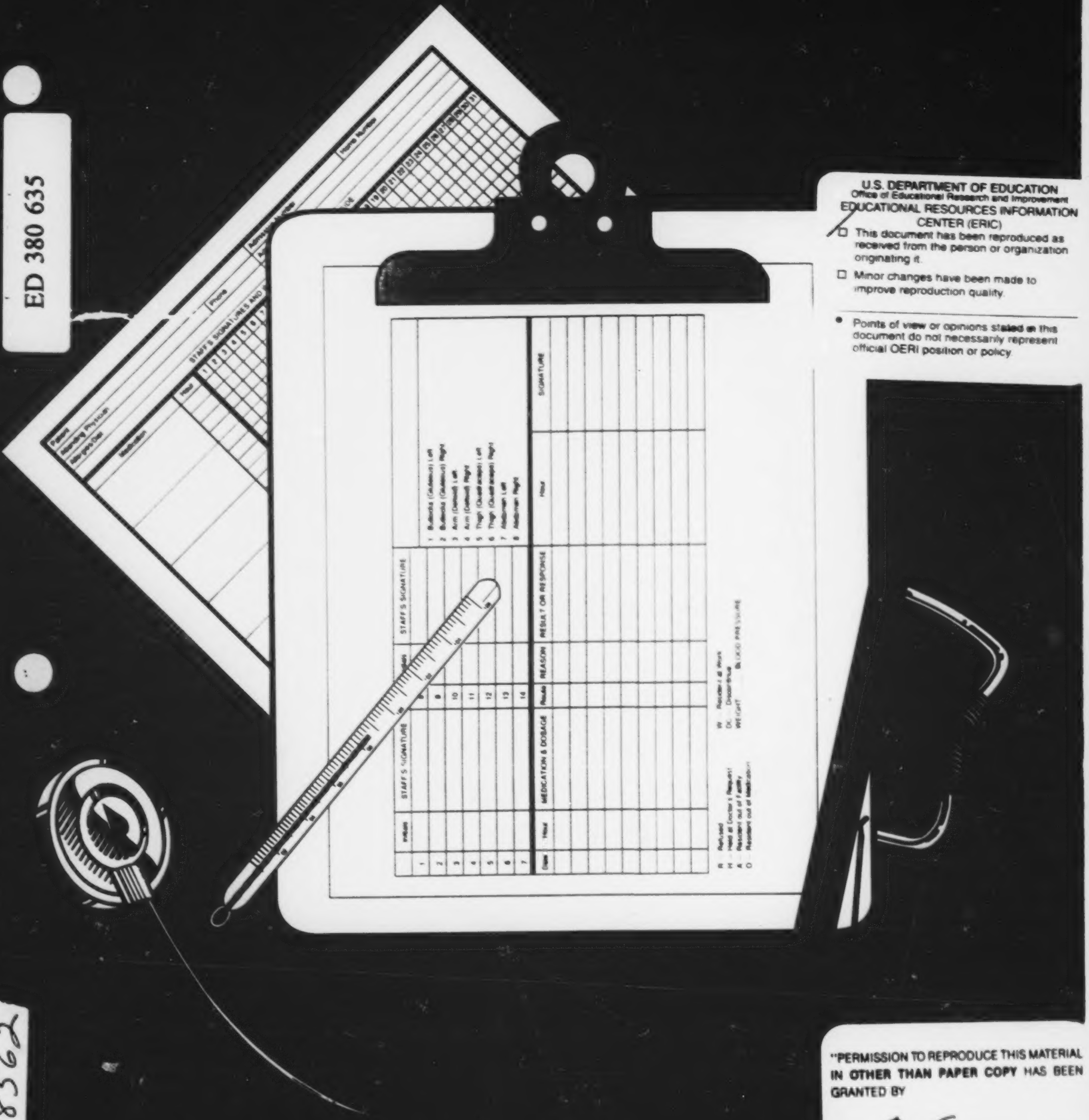

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CIMC

Instructor Manual

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Oklahoma Department of
Vocational and Technical Education
1500 West Seventh Avenue
Stillwater, OK 74074-4364

AP1140

Medication Administration Technician

Instructor's Manual

Upfront

Instructor's Guide

Answers

Instructional Supplement

Developed by the
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and Technical Education

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One set per unit of the following components:
- Instructor's Guide
- Answers

Instructional Supplement (one set for all units)

Instructor's Resource Package

One set per unit of the following components:
- LAP Sheet
- Transparency Masters
- Written Test
- Other required media

Student Workbook

One set per unit of Objective Sheets, Information Sheets, Assignment Sheets, and Job Sheets for the following units:

UNIT 1
Explore Professional, Ethical and Legal Issues 1-1

UNIT 2
Administer Medication 2-1

UNIT 3
Document Administration and Resident Care 3-1

UNIT 4
Obtain Vital Signs 4-1

FOREWORD

This *Medication Administration Technician* curriculum will help you satisfy your legal requirement for training. It will allow you to build the critical skills needed to become a competent and efficient medication administration technician.

The Oklahoma Department of Vocational and Technical Education has worked closely with professionals representing residential care, group homes, the Oklahoma State Department of Health, and the Oklahoma Department of Human Services, to develop these instructional materials.

Students who successfully complete this training can take pride in knowing that they are among the best-trained professionals in the field. The Oklahoma Department of Vocational and Technical Education is proud to assist you in meeting your training requirement.

Roy Peters, Jr.
State Director
Oklahoma Department of
Vocational and Technical Education

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This curriculum was revised by Beth Ann Fulgenzi.

Special thanks are extended to the following persons who committed their time and expertise as members of the curriculum advisory committee. We also thank the administrators, supervisors, and others who supported their participation.

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The Hissom Memorial Center

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The close cooperation and dedication of other professionals at the Oklahoma Department of Vocational and Technical Education were instrumental in producing this publication. The cover was designed by Kathryn Northcutt in the Art Department. Unit artwork was prepared by Kathryn Northcutt. Thanks are extended also to Bob Davis, Art Manager, for his ideas and direction. This publication could not have been printed without the expertise and commitment of the Print Shop staff, under the supervision of Danny Darrow. Delivering the final product was accomplished through the excellence of the staff at the CIMC Warehouse, under the direction of Darrell Stiles.

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A number of people at the CIMC helped to make this product possible. Brenna Tillman, Publications Supervisor, and Charlotte Tarkington, Format Specialist, advised and provided training critical to this publication's layout and design. Terri Tomson efficiently handled the development contracts and organized all of the committee meetings and related correspondence through which this book was developed. Billie Frazier, Copy Specialist, supervised the development of basic skills-related components.

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Craig A. Maile
Curriculum Specialist

USE OF THIS PUBLICATION

INSTRUCTIONAL UNIT

Each unit of instruction is based on the performance needed for successful employment in an occupational area. *Medication Administration Technician* contains four units of instruction. A complete unit may contain most or all of the following components: Objective Sheet, Instructor's Guide, Information Sheet, Instructional Supplement, Assignment Sheet, Job Sheet (and Skill Test Record), Written Test, Answers (to Assignment Sheets and Written Test), Transparency Masters, Learning Activity Package (LAP) Sheet, Handouts, and other required media. These components are organized within three packages, as follows:

Instructor's Manual

- Upfront pages (title page, copyright page, table of contents, foreword, preface, acknowledgments, measuring student performance gains, required criteria for a competency-based education program, and corrections and suggestions)
- Curriculum and Duty/Task Crosswalk (as appropriate)
- Basic Skills Matrix
- One set per unit of:
    - Instructor's Guide
    - Answers
- Instructional Supplement (one set for all of the basic skills enablers appearing in the book)

Instructor's Resource Package

- One set per unit of:
    - LAP Sheet
    - Transparency Masters
    - Written Test

  ☑ **NOTE:** The three components listed above may be photocopied by the instructor.

- Handouts (as appropriate)
- Other required media (as appropriate)

Student Workbook

- Objective Sheets
- Information Sheets
- Assignment Sheets
- Job Sheets

Instructor's materials include the *Instructor's Manual*, the *Instructor's Resource Package*, and the *Student Workbook*.

Unit components are tied to measurable and observable learning outcomes. Instructor's are encouraged to supplement unit components with other resources to make units as responsive to local conditions and student needs as possible.

Most units of instruction are designed for use in more than one lesson or class period. Instructors should determine the following for each unit:

- amount of material that can be covered in each class period;
- skills that must be demonstrated;
- supplies and equipment needed;
- amount of class time needed for demonstrations;
- amount of class time needed for student practice;
- supplementary materials to be ordered; and
- resource persons who must be contacted.

Objective Sheet (Student Workbook)

The Objective Sheet summarizes each unit for the student and the instructor. The Objective Sheet includes the following sections:

Introduction – This section introduces students to the unit topic and its importance to them. The Introduction also relates the unit to students' experiences and their "need to know"; it helps capture their interest and focus their attention on the specific topic.

Prerequisites – This section is included if any of the units in the book have prerequisites. A prerequisite may be one or more units from the same book or from other books, which must be completed before beginning the unit. (If no prerequisites exist for any of the units in the book, this section is omitted.)

Unit Objective – The Unit Objective states the overall goal of the unit. It identifies what the student will be able to do after successfully completing the unit, as well as the standards used to measure student performance.

Specific Objectives – The Specific Objectives outline the teaching sequence of the competencies required to reach the Unit Objective.

The Specific Objectives on the Objective Sheet should be emphasized to all students at the start of each unit and throughout the teaching/learning process. This will help answer student questions about performance requirements for each unit. Specific Objectives can also assist instructors in determining teaching strategies and instructional methods. Instructors should prepare for each unit by deciding how each objective could best be taught.

Instructors should modify, delete, or add objectives to meet the needs of students and the community. When objectives are added, the instructor should remember to provide the needed information, Assignment and/or Job Sheets, and criterion-referenced test items.

Information Sheet (Student Workbook)

The Information Sheet provides the "must know" content essential for meeting the cognitive objectives in the unit. Information is usually presented in print on the Information Sheet, but may also be presented in other formats, if appropriate, such as on videotape, software, or other media. (Additional formats for presenting the Information Sheet objectives allow this component to be interactive.)

Many objectives on the Information Sheet begin with a "Words You Should Know" section. This boxed item identifies terms relating to the objective, and gives a definition for each. Terms in the "Words You Should Know" boxes are tested only indirectly with the objective information (not on the Written Test as a matching exercise).

The Information Sheet may include clarifying NOTES and EXAMPLES, as needed. In the left column, students and instructors are reminded of the optional and/or required activities and resources available for a particular objective.

Students should read the Information Sheet for each unit before it is discussed in class. Space is provided in the margins for both students and instructors to add notes that clarify and/or expand upon the information presented.

Assignment Sheets (Student Workbook)

The Assignment Sheets address the learning levels at or above the application level of Bloom's taxonomy. They allow students to perform non-psychomotor activities related to occupational tasks. Assignment Sheets also provide students with an opportunity to use higher-order thinking skills, such as problem-solving, synthesizing, analyzing, and evaluating. In addition, they may provide opportunities for cooperative learning and more detailed oral/written communication activities.

Assignment Sheet activities can be "paper and pencil" activities, as well as those using computer software, videotapes, models, handouts, or other resources as appropriate. All Assignment Sheets include basic skills icons and enablers (identified in the left margin).

Job Sheets (Student Workbook)

Job Sheets gives students step-by-step procedures for performing manipulative or psychomotor occupational tasks or jobs. The Job Sheet also functions as a Skill Test Record, facilitating the instructor's evaluation of each student's performance. Both the process and the end-product are evaluated. Diagrams, illustrations, and photographs are included, as needed, to assist students in completing the job.

Individual Job Sheets may include various warnings written to conform to the latest specifications of the American National Standards Institute (ANSI). DANGER is used if the situation *will* lead to death or serious injury if not avoided; WARNING is used if the situation *could* lead to death or serious injury if not avoided; CAUTION is used if the situation could lead to minor or moderate injury; NOTICE is used if the situation could cause property damage only; and IMPORTANT is used to refer to operating or maintenance tips. Each type of warning appears on the Job Sheet with an ANSI symbol.

The instructor should demonstrate the procedure outlined in each Job Sheet. Instructors may also have to localize specific procedures.

Instructor's Guide (Instructor's Manual)

The Instructor's Guide leads instructors step by step, objective by objective through the unit. It recommends instructional strategies for each of the Specific Objectives. Resources and activities are labeled "Required" or "Optional." Optional and Required resources (publications, videos, computer software, and other media) are listed, as well as unit references. These resources can be used to supplement the instructor's knowledge of the subject area and to help students with particular interests or occupational objectives. In addition, the Instructor's Guide provides guidelines for evaluating student performance.

Instructors should study the Instructor's Guide before introducing the unit and allow time to obtain supplemental materials, prepare audiovisual materials, and contact outside resource persons. Specific tasks of the instructor will vary with each unit.

Answers (Instructor's Manual)

This component lists the answers to all of the Assignment Sheets and the Written Test questions.

Instructional Supplement (Instructor's Manual)

The Instructional Supplement provides the instructor with strategies for teaching the basic skills identified on the Focus Assignments, Assignment Sheets, and Job Sheets. One Instructional Supplement applies to all of the basic skills identified in all of the units of instruction in a book.

LAP Sheet (Instructor's Resource Package)

The LAP (Learning Activity Package) Sheet for each unit allows the instructor to individualize instruction for some or all students. The LAP Sheet guides the student through each unit step by step, ensuring that the student receives the necessary instruction.

Transparency Masters (Instructor's Resource Package)

Transparency Masters are provided so that instructors can make transparencies to accompany specific units. Transparencies allow students to *see* as well as hear the information being presented, thus reinforcing the learning process. They also direct attention to the topic under discussion. Transparencies should be made from the Transparency Masters and placed where they will be readily available when needed. Transparencies should be left on the screen only when the related topics are under discussion.

Each Transparency Master also appears in the appropriate unit in the Student Workbook, at the location where the information is referenced (such as a Figure on the Information Sheet).

Written Test (Instructor's Resource Package)

The Written Test provides criterion-referenced evaluation of the Specific Objectives from the Information Sheet (Assignment Sheet and Job Sheet objectives are not evaluated by the Written Test). If instructors have added, deleted, or modified any objectives, appropriate changes should be made to the Written Test as well.

The Written Test may be photocopied for classroom use, or additional copies may be ordered from the CIMC by calling 1-800-654-4502, or (in Oklahoma) 1-800-522-5810, ext. 589.

The Written Test serves as both a pretest and a posttest. In order to measure and document student competency gains as required by the latest Carl Perkins regulations, and as outlined in the Oklahoma-developed system of standards and measures, it is *essential* that the same test be used as a pretest and as a posttest. If instructors choose to use tests other than the Written Test, they should make sure that the same instrument is used for each activity – pre- and posttest.

A detailed explanation of the Oklahoma plan for standards and measures and the Carl Perkins requirements is included in the CIMC publication *Measuring Learning & Competency Gains: The Pretest/Posttest Approach*. This booklet – and accompanying software to assist in calculating and recording student gains – are available to Oklahoma instructors through their school's vocational testing liaison.

COMPETENCY PROFILES

A Competency Profile is available from the CIMC. Competency Profiles document student performance. Each profile lists the specific competencies covered in the book, and provides space for recording the student's level of performance on each competency.

PAGE NUMBERING

Each unit and each page in a CIMC publication has a number, shown in arabic numerals. The page number gives the package title, the book title, the component name, the unit number, and the page number within the unit. For example, the page number for page 1 in Unit 4 of the *Student Workbook* would appear as follows:

STUDENT WORKBOOK – Medication Administration Technician
OBJECTIVE SHEET - **CIMC** - 4 - 1

METHODS OF DISSEMINATING MATERIAL

For best results, provide each student with a copy of the Student Workbook. Students should be allowed to keep their Workbooks at the end of the course or training program.

TEACHING METHODS

Keeping students motivated is a challenge. Supplement each unit with current information, personal experiences, and other information. In a group setting, prepare for each unit by determining the best way to teach each objective, and allow for student input. For individualized instruction, provide opportunities for the student to become involved in planning and being responsible for his or her own education.

BASIC SKILLS IN CURRICULUM

The CIMC has always been mindful of the importance of reinforcement (and sometimes remediation) of students' academic skills as they progress through vocational training, and has always included activities in its materials to enhance and promote use of these skills.

Recent state and federal legislation mandates vigorous basic skills development in vocational education in the wake of demands by industry that workers *must* be academically, as well as technically, competent, given the nature of the highly complex work place. In response, the CIMC has taken the following steps to document that, indeed, the instructional materials *do* combine academic skills training with the vocational training. In addition, concerted efforts have been made to "beef up," or enhance the basic skills instruction already present. Following is a brief description of those processes:

Basic Skills Icons and Enablers

To assist teachers and students in identifying activities that promote basic skills development, the CIMC has implemented a marking system that uses simple graphic symbols, or icons, and a list of specific tasks, or enablers, to identify the basic skill or skills that are called for in each job or assignment sheet.

Each of the nine broad skills areas–reading, writing, mathematics, science, oral communication, interpersonal or relating, creative thinking and problem solving, employability, and social studies–is represented by the icon presented below.

Reading
Science
Creative Thinking/ Problem Solving

Writing
Oral Communication
Employability

Math
Interpersonal or Relating
Social Studies

When an activity involving one of these basic skills is identified, the corresponding icon is placed in the left-hand margin of the job or assignment sheet. The basic skills training is further defined by retrieving the specific, or enabling, skill that is required by consulting a list of over two hundred and fifty enablers that has been compiled and grouped with each general basic skill. This enabling skill is placed directly below the icon.

As an example, an exercise that requires a student to conduct library research would make necessary the use of specific reading comprehension and research and reference skills. The basic skills that the exercise promotes would be depicted in the left-hand margin as follows:

ASSIGNMENT SHEET

PLANNING LIVING SPACE FOR HUMAN NEEDS *1*

Name ______________________________ Score __________

OBJECTIVE 10

Define personal territory.

INSTRUCTIONS

Reading Comprehension
- Gain factual information

Functional Reading
- Follow written instructions
- Use content area vocabulary

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

- As discussed in Objective 1, each person has an invisible "space bubble" or comfort zone. A comfort zone is the space between oneself and others that brings a feeling of well-being. When one's comfort zone is crowded or invaded, discomfort often results. Therefore, personal territory needs should be a prime consideration when planning living space.
- For each of the following situations, draw your estimated comfort zone around the figures provided.
- Indicate how many inches from your body the comfort zone extends.
- Consider how that comfort zone changes in different situations. Answer the questions that follow.

Basic Skills Documentation Matrix

Another component of the CIMC basic skills instructional plan is the "Basic Skills Documentation Matrix." The matrix graphically summarizes the basic skills training included in the vocational program, unit by unit. It should be helpful to teachers in planning their instruction, and to administrators as documentation that basic skills **are** being addressed during the vocational training.

The matrix for this publication is included as an 8½" by 11" foldout in this *Instructor's Manual.*

Matrices have been developed for most CIMC publications. For more information on those available for other programs, call the CIMC at 1-800-654-4502.

Instructional Supplement

The supplement is a tool for the instructor to use in helping students apply the basic skills in Assignment Sheets and Job Sheets. Some supplements are appropriate for use with all students; some are for use only with those students who do not understand the academic skills called for in the exercise.

MEASURING STUDENT PERFORMANCE GAINS

When you examine this book, you will notice that separate written pretests are no longer included in the units of instruction. Each CIMC unit now contains only a single Written Test. This test should be used as **both** pretest and posttest by giving it once before students start a unit and again when they have completed the unit.

The reason for using a single instrument as both pretest and posttest is so that direct comparison of each student's competencies before and after instruction can be made accurately. This comparison enables precise calculation, documentation, and evaluation of student **performance gains**.

Accurate performance gains analysis is an important requirement of the new Carl Perkins legislation for vocational education. Teachers can make an important contribution to the performance accountability mandated by the new federal legislation by carrying out accurate performance gains analysis for their students, and making this data available to students, parents, and administrators.

This analysis is easy to do and requires only simple calculations and record keeping. Detailed information regarding performance gains analysis is contained in the CIMC publication, *Measuring Learning & Competency Gains: The Pretest/Posttest Approach*. In addition, the CIMC has developed a computer program, CARL, which will perform all necessary calculations and will print out a record form of all information required for gain score analysis. Copies of CARL and the publication are available through your local testing liaison (in Oklahoma), or from the CIMC at 1-800-654-4502.

REQUIRED CRITERIA FOR A COMPETENCY-BASED EDUCATION PROGRAM

Criterion	Discussion	CIMC component meeting criterion
1. Instruction is based on clearly-stated learning objectives that are: a) observable and measurable, and b) communicated in writing to students before instruction begins.	Learning objectives drive CBE. Objectives are the "competencies" that learners must achieve. Each objective must clearly state what *learners* must *do* to demonstrate acquired skill or knowledge. Verbs in learning objectives are active and precise, stating the exact performance expected of learners. The objectives should also specify the standard or level of performance required. Objectives can be at any level of Bloom's Taxonomy and can include the cognitive, psychomotor, and affective domains. Higher-order cognitive skills should be included.	Objective Sheet
2. Instruction is aligned with the stated learning objectives	In CBE, the objectives specify what is taught. "Content" should relate to one or more objectives. The curriculum should cover all objectives with relevant information.	Information Sheet
3. There is a student evaluation system that is: a) criterion-referenced, and b) aligned to the learning objectives and the curriculum.	In CBE, the aim is to bring the performance of *all* learners up to a pre-defined standards and competencies. Learners work on each competency until they achieve "mastery"; the evaluation system should test and record this mastery. Learners can restudy and retest as often as needed. Specific remediation activities should also be available to learners when needed. The evaluation system focuses on what each student has achieved, not on what the instructor has "taught." The "constant" in CBE is student performance; the "variables" are time and resources. (This differs from traditional systems where learners get one chance at mastery; some succeed and some fail. In such systems, time and resources are constant and student achievement is variable.) If an evaluation is criterion-referenced, successful learner performance is defined by (or *referenced* to) mastery of pre-set objectives and standards (or *criteria*): there must be a careful match (or *alignment*) between what the student should master (objectives), what is taught (curriculum), and what is tested. Objectives, curriculum, and evaluation system must all match.	Written Test and Job Sheet/Skill Test

Criterion	Discussion	CIMC component meeting criterion
4. There is an observable management system of cognitive skill practice that provides for, promotes, and documents mastery learning.	For both cognitive and psychomotor skills, a CBE program must have a system of maintaining records of which skills and activities each learner has completed, which ones are in progress, and which ones have not yet been completed. Completion means "mastery"; no skill is completed until the learner has achieved the mastery level. The record system should promote feedback on student skill attainment to *both* instructor and learners, provide for remediation as needed, and encourage reevaluation of learner performance until mastery is achieved. Appropriate remediation strategies often should consider learning styles and other individual differences among learners. Learners should work on skills and activities until they achieve mastery. They should not be "passed on" without mastery. While learners may move ahead and work on other skills (i.e those for which all prerequisite skills have been mastered or those without prerequisites), work should also continue on the skills still requiring mastery. Students should not attempt higher-order skills until all prerequisite skills are mastered.	Assignment Sheet
5. There is an observable management system of psychomotor skill practice that provides for, promotes, and documents mastery learning.		Job Sheet/Skill Test
6. Skill mastery records are maintained for each learner, and learners have access to and make use of these records to monitor their skill acquisition.	Records should clearly indicate the skills each learner has mastered. One such record should profile or list the competencies that have been mastered and those to be mastered. Other performance indicators can be added and kept in a portfolio for each learner. Learners should have ready access to their portfolios to monitor their own progress in skill mastery and competency attainment.	Competency Profile

CORRECTIONS AND SUGGESTIONS

The Curriculum and Instructional Materials Center (CIMC) wants to provide vocational instructors and students with accurate and effective materials. Although the CIMC strives to maintain the highest standards of development and production, oversights sometimes do occur. If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. To do this, please identify the page(s) affected and write any comments to clarify the error or suggestion. Use the spaces below. Then, simply fold (bottom of page *upward*, top *downward*), secure, and mail.

This information will be used to correct the publication before the materials are reprinted. To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error.

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INSTRUCTOR'S GUIDE

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

Required Activities and Resources
These are fully **integrated** components of this CIMC curriculum. They are usually packaged in or with the curriculum and are **essential** in meeting the learning objectives. To individualize this unit, use the LAP Sheet supplied in your resources.

- Reproducible handouts and transparency masters are included in the instructor's resource package. Handouts should be copied for all students. Transparency masters should be used to make overhead transparencies for use during instruction. A small copy of each transparency master appears in the students' Information Sheets.
- Non-reproducible resources are included in the students' curriculum.

Optional Activities and Resources
These are suggested high-interest activities to **help** deliver learning objectives to students or to let students achieve objectives in an applied context. Select as many as you wish to use. Some activities use extra resources for further information about the unit content. You can make them available in the classroom for in-depth study or optional activities, but their use is not required for meeting CIMC unit objectives.

OBJECTIVE 1

Required Activities and Resources

- Have students read Information Sheets.
- Ask students what type of facility they will be working for; for example, group home or residential care. When teaching the MAT curriculum, focus on the type of work and individuals that the particular students you are teaching will encounter.
- Emphasize that communication is an important part of a MAT's job. The MAT communicates information to other staff members and also the residents. Different facilities will refer to the individuals served in different terms; for example, resident, client, etc. Students should follow the policy of the facility where they work. Remind students never to refer to individuals in negative terms.

  NOTE: Throughout this curriculum, the term "resident" is used to refer to an individual in a group home or residential care setting.

Optional Activities and Resources

- Ask students to bring in a job description of the particular job they have or are working toward. Discuss the responsibilities of that job.

OBJECTIVE 2

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Identify the *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma* and the *Standards and Regulations for Licensure of Group Homes in Oklahoma*. These documents are available from the following address:

  Oklahoma State Department of Health
  Special Health Services
  P.O. Box 53551
  Oklahoma City, OK 73152

- Create scenarios and ask students what a "reasonable person" would do.

OBJECTIVE 3

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Discuss each of the resident's rights. Explain that these are the minimum rights identified in the *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma* and in the *Standards and Regulations for Licensure of Group Homes in Oklahoma*.

- Create and discuss scenarios involving the violation of these rights.

OBJECTIVES 4 AND 5

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Discuss problems that could develop if the MAT is not careful with privileged information. Create and discuss scenarios where privileged information (1) is improperly discussed, and (2) is properly kept confidential.
- Discuss how confidentiality protects the resident, the MAT, and the MAT's employer.

OBJECTIVE 6

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Discuss the fact that you can be guilty of both criminal and civil laws. For example, assault is a misdemeanor (criminal law) but the injured individual could choose to personally sue for damages (civil law).
- Discuss actual court cases regarding wrongful actions concerning the medical field.

OBJECTIVE 7

Required Activities and Resources

- Have students read Information Sheets.
- Emphasize the point that it is a crime (misdemeanor) to fail to report a case of abuse or neglect.
- In Oklahoma the Department of Human Services has a toll free number for reporting abuse and neglect, 1-800-522-3511. Both cases of child abuse and neglect and adult abuse and neglect can be reported to this number. Callers to this number can remain anonymous.

  NOTE: The MAT should follow agency guidelines for reporting abuse and neglect. The MAT may, as a private individual, call the hotline if he or she feels action is not being taken.

Optional Activities and Resources

- Obtain a copy of the Oklahoma Statutes "Residential Care Act," "Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act," and the "Protective Services for the Elderly and for Incapacitated Adults Act." Discuss the sections relating to abuse and neglect and the guidelines for caring for residents.

- Discuss the different state agencies that are involved in protecting the welfare of individuals in facilities such as residential or group homes.

OBJECTIVE 8

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Distribute current classifications of controlled drugs.

OBJECTIVE 9

Required Activities and Resources

- Have students read Information Sheets.

- Discuss legal responsibilities of the MAT.

OBJECTIVE 10

Required Activities and Resources

- Have students read Information Sheets.

- Discuss ethical responsibilities of the MAT. Ask students what ethics means to them.

Optional Activities and Resources

- Have the students in the class write a professional code of ethics for the MAT.

- Create possible scenarios involving ethical issues and ask students what they would do. Have students come up with different scenarios.

OBJECTIVE 11

Required Activities and Resources

- Have students complete the Assignment Sheet.

EVALUATION

Pretest (Written)

- Use the unit Written Test for **both** pretest and posttest. Give students the pretest before they begin the unit.

- Refer to the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions and suggestions on giving pretests and using pretest results.

- Use pretest results to guide individual students in progressing through the unit, doing enrichment work, or moving to the next unit.

Posttest (Written)

- Give students the unit Written Test again after they have completed the unit.

- Explain to students that they will be asked to demonstrate on the Written Test actions listed in the specific objectives.

- Compare pretest/posttest results and calculate student learning gains as modified percent gain scores. See the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions; use the CIMC CARL software for calculation and record keeping.

- Reteach and retest as necessary to meet individual student needs and state standards for student learning and competency gains.

- Evaluate students on Assignment Sheet activities if not previously done. Students must repeat Assignment Sheets, if necessary, until they have mastered the activity.

- Complete appropriate sections of competency profiles.

- Review individual and group performance to evaluate teaching effectiveness. Adjust scope, sequence, or instructional methods for additional lessons as required.

UNIT RESOURCES AND REFERENCES

REQUIRED RESOURCES

Publications

- *MAT Instructor's Resource Package.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1993.

OPTIONAL RESOURCES

Publications

- *Measuring Learning and Competency Gains: The Pretest/Posttest Approach.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992. Available from the Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, to order call 1-800-522-5810.
- *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma.* Special Health Services, Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1299.
- *Standards and Regulations for Licensure of Adult Day Care Centers in Oklahoma.* Special Health Services, Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1299.

UNIT REFERENCES

Publications

- Bigelow-Kemp, Brenda and Adele Pillitteri. *Fundamentals of Nursing.* Little, Brown and Company: Boston, 1984.
- *Medication Administration Technician.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1989.
- *Medication Administration Technician: Update.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.
- *Nursing Principles and Skills.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.
- *Nurse's Legal Handbook.* Springhouse Corporation: Springhouse, PA, 1985.

- Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants*, 2nd edition. The C.V. Mosby Company: St. Louis, MO, 1987.

- *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma.* Special Health Services, Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1299.

- *Standards and Regulations for Licensure of Adult Day Care Centers in Oklahoma.* Special Health Services, Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1299.

ASSIGNMENT SHEET

Answers will vary. The answers should contain correct spelling, punctuation and grammar. Answers should contain these key points:

1. The MAT should not give confidential information to the neighbor.
2. The MAT should report the suspected abuse to the supervisor.
3. The MAT should not perform a task for which he/she has not been adequately trained.
4. The MAT should document the incident and report it to the supervisor.
5. The MAT should not gossip about the co-worker.
6. The MAT should follow facility guidelines for documenting the error.
7. The privileged information can be shared with the employer because the resident has given informed consent.
8. The MAT should follow the procedures of the facility for dealing with controlled substances. The MAT should document the administration of medication.

WRITTEN TEST

OBJECTIVE 1

In any order:

- Administer and monitor medications for residents
- Assist residents in independent and daily living skills
- Assist residents in leisure and recreation activities
- Document resident care
- Obtain vital signs for residents

OBJECTIVE 2

In any order:

- Statutes
- Regulations
- Institutional standards of care
- Actions that a reasonable person would do or not do if in the same position

OBJECTIVE 3

1, 3, 5, 7, 8, 10

OBJECTIVE 4

In any order:

- Any information about a resident's condition or treatment
- All of a resident's records
- Personal information about the resident, such as economic status, family problems, telephone messages

OBJECTIVE 5

1, 3, 5

OBJECTIVE 6

- **Assault** – Actions intended to make the resident aware of an immediate harmful or offensive touching
- **Battery** – Actions that result in a harmful or offensive touching or other physical violence or constraint of the resident without the resident's permission
- **False Imprisonment** – An act or omission with the intent to confine someone and that results in the actual confinement of a resident, or either awareness of the confinement or injury from it
- **Intentionally inflicting emotional distress** – An extreme and outrageous act intended to cause severe emotional distress or recklessness with regard to such injuries resulting in severe emotional distress
- **Invasion of privacy** – An act which violates the resident's or client's right to privacy, not ensuring that the resident or client has privacy while exposed, and discussing confidential records with people other than those involved with care are considered invasion of privacy

- **Negligence (neglect)** – An unintentional wrong in which a person fails to act in a reasonable and careful manner — with respect to a duty or obligation recognized by law requiring the person to conform to a certain standard of care for the protection of others against unreasonable harm — and, as a result, causes harm to another person or to that person's property

OBJECTIVE 7

1. legally
2. misdemeanor
3. written
4. legal, ethical
5. Department of Human Services, State Department of Health

OBJECTIVE 8

Answers will vary. Answers should include correct grammar, spelling and punctuation. Answers should contain at least four of the following points:

- A controlled substance may or may not be currently accepted for medical use in the United States.
- A controlled substance has the potential for abuse and may result in physical or psychological dependence if abused.
- A controlled substance may have specific requirements for storage.
- A controlled substance requires limited access to the substance.
- A controlled substance may have specific requirements for administering the substance.
- A controlled substance may have specific requirements for documenting the administration of the substance.
- A controlled substance may have specific requirements for disposing of the substance in case the substance becomes contaminated or is not administered.

OBJECTIVE 9	1, 2, 3, 6, 9
OBJECTIVE 10	1, 2, 3, 6, 7, 8, 10

Page 1 of 1

CIMC
TEST CODE SHEET

VOCATIONAL PROGRAM (BOOK TITLE) MEDICATION ADMINISTRATION TECHNICIAN

UNIT NUMBER AND TITLE 1 – EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

TOTAL NUMBER OF TEST QUESTIONS 59

TOTAL NUMBER OF BASIC SKILL QUESTIONS 32

OBJECTIVE NUMBER	TEST QUESTION NUMBER(S)	BASIC SKILL CODE(S)
1	1-5	X
2	1-4	X
3	1-10	X
4	1-3	X
5	1-5	X
6	1-6	U
7	1-5	U
8	1	U
9	1-10	U, E
10	1-10	E

Required Activities and Resources
These are fully **integrated** components of this CIMC curriculum. They are usually packaged in or with the curriculum and are **essential** in meeting the learning objectives. To individualize this unit, use the LAP Sheet supplied in your resources.

- Reproducible handouts and transparency masters are included in the instructor's resource package. Handouts should be copied for all students. Transparency masters should be used to make overhead transparencies for use during instruction. A small copy of each transparency master appears in the students' Information Sheets.
- Non-reproducible resources are included in the students' curriculum.

Optional Activities and Resources
These are suggested high-interest activities to **help** deliver learning objectives to students or to let students achieve objectives in an applied context. Select as many as you wish to use. Some activities use extra resources for further information about the unit content. You can make them available in the classroom for in-depth study or optional activities, but their use is not required for meeting CIMC unit objectives.

OBJECTIVE 1

Required Activities and Resources

- Have students read Information Sheets.
- Discuss methods of verifying each of the rights.
- Use Transparency Master 1 to illustrate the rights of medication administration.

Optional Activities and Resources

- Have students role-play and verify each of the rights. Construct different scenarios for this activity.

OBJECTIVE 2

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Ask students to come up with examples of different medications that illustrate each purpose.

OBJECTIVE 3

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Ask students to demonstrate verifying a medication using the checkpoints. Point out correct procedures and areas for improvement (or ask other students to identify these).

OBJECTIVE 4

Required Activities and Resources

- Have students read Information Sheets.

- Use Transparency Master 2 to illustrate the routes for medication administration.

Optional Activities and Resources

- Provide samples of each form of medication.

- Demonstrate reading a medicine glass. Ask students to demonstrate the procedure.

- Demonstrate crushing medication. Describe situations when a medication might require crushing. Give examples of medications that should NOT be crushed.

OBJECTIVE 5

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Create scenarios of individuals and have students respond to questions regarding how that individual may be affected by factors affecting drug metabolism.

OBJECTIVE 6

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Refer to other resources such as the *Physician's Desk Reference* or the *Hospital Formulary* (published by the American Society of Hospital Pharmacists) for additional information and classifications of drugs.

OBJECTIVE 7

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 3 to illustrate administration guidelines.
- Use Transparency Master 4 to illustrate measuring utensils for medications.

Optional Activities and Resources

- Create scenarios of administering medications and ask students what guidelines they would follow.
- Show the video *Administering Oral, Topical, Suppository and Inhalant Medications.*

OBJECTIVE 8

Required Activities and Resources

- Have students read Information Sheets.

OBJECTIVE 9

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Demonstrate how to use drug reference books such as the *Physicians' Desk Reference* and others.

- Explain the color code used in the *Physicians' Desk Reference*. Demonstrate the usefulness of this resource. The color code includes the following:
  - Manufacturers' Index (white pages)
  - Product Name Index (pink pages)
  - Product Category Index (blue pages)
  - Generic and Chemical Name Index (yellow pages)
  - Product Information Section (white pages)
  - Diagnostic Product Information (green pages)
- Discuss side effects of other medications. Have students use reference books to look up possible side effects of different medications.
- Discuss the information required on a prescription. Using sample prescriptions point out the following information that is required:
  - Resident's name and address and the date the prescription is written.
  - Superscription which consists of the symbol Rx.
  - The inscription, which states the names and quantities of the ingredients of the medication.
  - The subscription, which gives directions to the pharmacist for filling the prescription.
  - The signature, abbreviated "sig." which gives directions to the resident and is included on the label of the filled prescription.
  - The physician's signature, address and registry number.

  Using sample prescriptions have students answer the questions below.

  1. What is the name of the medication?
  2. For whom is the prescription?

3. How often should the medication be taken?
4. What is the name of the physician?
5. On what date was the prescription written?
6. How much of the medication is taken at one time?

OBJECTIVE 10

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Discuss the fact that different facilities will have abbreviations that are used to communicate information on forms. Below is one example of abbreviations that might be used.

R - Refused medication
H - Held at doctor's request
A - Resident out of facility
O - Resident out of medication
W - Resident at work
DC - Discontinue medication

- Have several students write the abbreviations on the chalkboard and then have other students state what the abbreviations mean.

OBJECTIVE 11

Required Activities and Resources

- Have students read Information Sheets.
- Emphasize the importance of keeping internal and external medications separate.

Optional Activities and Resources

- Discuss the importance of correct storage and handling of medications which may be classified as hazardous materials. Emphasize the importance of keeping medications separate.
- Discuss Material Safety Data Sheets (MSDS). All products that present hazards will have an MSDS, which must be supplied by the manufacturer.

OBJECTIVE 12

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- For additional information on AIDS prevention and facts contact:
  - National AIDS Information Clearinghouse (NAIC)
    P.O. Box 6003
    Rockville, MD 20850
    1-800-458-5231

    NOTE: The NAIC is operated by the Centers for Disease Control (CDC) and is involved in AIDS education and information.
  - Local branches of the American Red Cross and the State Department of Health.
- Obtain the brochure "100 Questions on AIDS" put out by the Oklahoma State Department of Health and share the information with students.
- Use the video and information books on blood-borne pathogens from Summit Training Source, Inc. to reinforce awareness and prevention of blood-borne pathogens.

OBJECTIVE 13

Required Activities and Resources

- Have students read Information Sheets.

Optional Activities and Resources

- Using a current resource – such as *Emergency Care and Transportation of the Sick and Injured* – discuss the classifications of seizures.

OBJECTIVE 14

Required Activities and Resources

- Provide the necessary equipment and supplies for students: soap, running water and paper towels.
- Demonstrate the correct way to wash your hands.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 1.

OBJECTIVE 15

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication (in its container) and medicine glass, needleless syringe, eyedropper with graduated markings or other measuring utensil.
- Demonstrate the correct way to administer oral medication in liquid form.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 2.

OBJECTIVE 16

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication (in its container), medication cup, and glass of water (or semi-solid food substance, if allowed with medication).
- Demonstrate the correct way to administer oral medication in pill form.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 3.

OBJECTIVE 17

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication (in its container); dressings (if required); clean, disposable gloves, tongue depressors, cotton swabs, cotton balls or other applicators.
- Demonstrate the correct way to administer topical medication.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 4.

OBJECTIVE 18

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication, tissues, clean, disposable gloves, cotton balls and pillow.
- Demonstrate the correct way to administer eye medication.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 5.

OBJECTIVE 19

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication, tissues, clean, disposable gloves, cotton balls and pillow.
- Demonstrate the correct way to administer ear medication.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 6.

OBJECTIVE 20

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication, tissues, clean, disposable gloves, cotton balls and pillow.
- Demonstrate the correct way to administer nasal medication.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 7.

OBJECTIVE 21

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication; stopwatch, timer, or watch with a second hand; clean, disposable gloves.
- Demonstrate the correct way to administer inhalant medication.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 8.

OBJECTIVES 22 and 23

Required Activities and Resources

- Provide the necessary equipment and supplies for students: medication, tissues, lubricating jelly, clean disposable gloves.
- Demonstrate the correct way to administer suppository medications.
- Show the video *Administering Oral, Topical, Suppository and Inhalant Medication.*
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheets 9 and 10.

EVALUATION

Pretest (Written)

- Use the unit Written Test for **both** pretest and posttest. Give students the pretest before they begin the unit.
- Refer to the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions and suggestions on giving pretests and using pretest results.
- Use pretest results to guide individual students in progressing through the unit, doing enrichment work, or moving to the next unit.

Posttest (Written)

- Give students the unit Written Test again after they have completed the unit.
- Explain to students that they will be asked to demonstrate on the Written Test actions listed in the specific objectives.
- Compare pretest/posttest results and calculate student learning gains as modified percent gain scores. See the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions; use the CIMC CARL software for calculation and record keeping.
- Reteach and retest as necessary to meet individual student needs and state standards for student learning and competency gains.

- Evaluate students on Assignment Sheet activities if not previously done. Students must repeat Assignment Sheets, if necessary, until they have mastered the activity.
- Complete appropriate sections of competency profiles.
- Review individual and group performance to evaluate teaching effectiveness. Adjust scope, sequence, or instructional methods for additional lessons as required.

Skill Test

- Explain to students that they will be asked to demonstrate procedures on the Job Sheets as a skills test.
- Describe the rating scale used on the Skills Test.
- Reteach and retest as necessary.
- Evaluate student performance and complete appropriate sections of competency profiles.

UNIT RESOURCES AND REFERENCES

REQUIRED RESOURCES

Publications

- *MAT Instructor's Resource Package.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1993.

OPTIONAL RESOURCES

Publications

- *Measuring Learning and Competency Gains: The Pretest/Posttest Approach.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992. Available from the Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, to order call 1-800-522-5810.
- *Physician's Desk Reference.* Published annually by Medical Economics Company, Inc.
- Additional reference books on drug use, classifications, and side effects.

Videos

- *Administering Oral, Topical, Suppository and Inhalant Medications.* Available from Medcom, P.O. Box 3225, Garden Grove, CA 92641, 1-800-877-1443.
- *Blood-borne Pathogens.* Video and workbooks on blood-borne pathogens. Available from Summit Training Source, Inc.,

Other Media

- Information on AIDS/HIV prevention and facts is available from local branches of the American Red Cross, the State Health Department or the National AIDS Information Clearinghouse. Other agencies also offer information on AIDS awareness and prevention.

UNIT REFERENCES

Publications

- Asperheim, Mary K. *Pharmacologic Basis of Patient Care.* W.B. Saunders Company: Philadelphia, PA, 1985.
- Durham, Jerry D. and Felissa L. Cohen (editors). *The Person with AIDS: Nursing Perspectives.* Springer Publishing Company: New York, NY, 1991.
- Flaskerud, Jacquelyn Haak. *AIDS/HIV Infection: A Reference Guide for Nursing Professionals.* W.B. Saunders Company: Philadelphia, PA, 1989.
- Heckman, James D. (editor) *Emergency Care and Transportation of the Sick and Injured.* American Academy of Orthopaedic Surgeons: Park Ridge, IL, 1992.
- *Medication Administration Technician.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1989.
- *Medication Administration Technician: Update.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.
- *Nursing Principles and Skills.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.

- *Pharmacology*. Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1990.

- Potter, Patricia A. and Anne G. Perry. *Fundamentals of Nursing: Concepts, Process, and Practice*, second edition. The C.V. Mosby Company: St. Louis, MO, 1989.

- Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants*, second edition. The C.V. Mosby Company: St. Louis, MO, 1987.

WRITTEN TEST

OBJECTIVE 1

In any order:

- Right resident
- Right time and date
- Right medication
- Right medication form
- Right dosage and amount
- Right route of administration
- Right documentation

OBJECTIVE 2

In any order:

- Prevention
- Treatment
- Diagnosis
- Pain/symptom relief
- Replacement

OBJECTIVE 3

1. When you obtain the medication from the storage area.

2. While you are pouring the medication.

3. When you return the medication to the proper storage area.

OBJECTIVE 4

1. I
2. M
3. O
4. O
5. M
6. O
7. R
8. T
9. O
10. R
11. M
12. I
13. M
14. T
15. O

OBJECTIVE 5

Any five of the following:

- **Allergies** – All residents should be asked about drug allergies and caution should be used if this is the resident's first time for this medication. Verify allergies both from the resident and the resident's records.

- **Age** – Age affects the rate in which the body metabolizes the medication. Older adults metabolize medication slowly; infants and children may metabolize medication very rapidly.

- **Body Build** – Body weight, as well as the percentage of body fat and muscle tissue, affects the metabolizing of medication.

- **Diagnosis** – Diseases may change the way medication works.

- **Drug combinations** – Some drugs together may be more powerful than either drug alone. Be aware of all drugs that a resident is taking, including over-the-counter drugs.

- **Drug tolerance** – Tolerance can be assessed only after the medication has been given. You should be aware of the resident's reaction to the medication if it was given previously. Drug tolerance changes during the aging process.

- **Emotional state** – The emotional state of the resident may affect how that person perceives the medication and how effective the medication is for treating the illness.
- **Indication** – You should know the reasons for a particular resident receiving a medication.
- **Physical state** – A resident's physical ability to tolerate a drug or the route being used. A resident who is vomiting cannot take the medication orally, so a change in route must be made.
- **Present symptoms** – Some symptoms may indicate drug toxicity or other contraindications to giving that medication or may indicate the need for more effective medication.

OBJECTIVE 6

1. d
2. m
3. g
4. a
5. i
6. c
7. h
8. k
9. e
10. b
11. f
12. j
13. l

OBJECTIVE 7

1, 3, 4, 6, 7, 9, 11, 13, 15, 16, 18, 21, 22

OBJECTIVE 8

1. The resident's physician
2. The MAT should follow all requirements of each resident's individual plan for the self-administration of medication.
3. Answer should include at least three of the following:
   - Following the instructions on the medication label.
   - Do NOT use medications that have passed their expiration date.
   - NEVER share medications with others.
   - Store medications properly.

4. Reinforce compliance with the resident's individual plan. Use persuasion not force when assisting in medication administration.

5. Observe, record, and report the resident's response to the medications. The resident may be capable of recording information.

6. When a resident leaves the facility for work, special events, etc., a separate bottle with one dose of medication per container properly labeled may be prepared. These containers can be sent with the resident for the resident's use.

OBJECTIVE 9 One side effect should be listed for each medication.

CARDIAC AND CIRCULATORY SYSTEM AGENTS

Digitalis Glycosides

- Common reaction is due to toxicity (too much of the drug in the bloodstream).
- Flu-like symptoms may appear.
- Visual disturbances and headaches
- Gastrointestinal disturbances, including anorexia, nausea, vomiting, diarrhea, and abdominal cramps

Nitrates

- Headaches, faintness and dizziness (most common)
- Nausea and vomiting may occur.
- Lowering of blood pressure when the resident gets up

DIURETICS

- Often decrease the amount of potassium in the resident.
- Can lead to muscle aches and confusion (from a decrease in potassium).

PSYCHOTROPICS

Tricyclic antidepressants

- Drowsiness (most common)
- Dry mouth
- Blurred vision
- Dizziness upon standing too quickly
- Irregular heartbeats

Monoamine oxidase inhibitors (MAO inhibitors)

- Hypertensive crises (rapid rise in blood pressure which can cause immediate health problems)
- Other potentially dangerous side effects

Antipsychotic agents

- Sedative effect — causes drowsiness
- Postural hypotension
- Other side effects which may include dry mouth, constipation, or blurred vision
- Extra-pyramidal symptoms:
  1. Pseudoparkinsonism — Resembles true parkinsonism such as tremor, mask-like facial expressions, drooling and some restlessness
  2. Akinesia — Complete or partial loss of a muscle movement (be sure to be alert if a resident complains of fatigue and weakness of the arms and legs).
  3. Akathisia — Motor restlessness; a resident may be extremely restless, continually moving hands, mouth and body.
  4. Dyskinesia — Less common disturbance that takes many forms such as torsion or twisting spasms, drooping of the head, protrusion of the tongue and other facial disturbances. The resident may complain of stiff neck and an inability to swallow. (This can be very frightening, so be sure to reassure the resident and inform a physician as soon as possible.)

ANTICONVULSANTS

- Phenobarbital can cause a slowing of respirations, as well as dizziness and drowsiness.
- *Dilantin® can cause a condition of the gums called gingival* hyperplasia (requiring gum massage and good oral hygiene to prevent tooth loss), slurred speech, dizziness, insomnia and depression.

ANTIARTHRITIC AND ANTIGOUT AGENTS

- Most common side effects are related to the gastro-intestinal tract such as nausea with or without vomiting, diarrhea, constipation and abdominal cramps and pain.

NEW MEDICATIONS

Prozac®

- Loss of appetite and significant weight loss in some people
- Headache, nervousness and insomnia may occur.

Colestid® and Questran®

- Constipation, sometimes accompanied by fecal impaction and aggravation of hemorrhoids.
- Abdominal discomfort (pain and distention), belching and flatulence (gas) is frequently seen.

Mevacor®

- Abdominal pain/cramps, gas and diarrhea are frequently seen.
- Some side effects will ease, the longer the resident takes the medication.

Ansaid®

- Diarrhea, abdominal pain, nausea and vomiting may be seen.
- Headaches with dizziness and blurred vision may be seen.

OBJECTIVE 10

1. right eye
2. twice a day
3. discontinued
4. no known allergies
5. both eyes
6. as necessary
7. every day
8. every hour
9. rectal
10. less than
11. vital signs
12. immediately
13. three times a day
14. suppository
15. sublingual

OBJECTIVE 11

1, 3, 4, 6, 8, 9, 10

OBJECTIVE 12

Any four of the following:

- Wear gloves when touching blood and body fluids, mucous membranes, or broken skin of all residents.
- Wear gloves when handling items or touching surfaces soiled with blood or body fluids.
- Change gloves after each procedure and with each resident.
- Wear masks, protective eyewear or face shields, and gowns as needed to prevent exposure to the mucous membranes of the resident's mouth, nose, and eyes during procedures that may cause spattering of blood or other body fluids.
- Wash hands before and after donning protective gloves.
- Follow cleaning and infection control procedures.
- Use face shields or pocket masks when performing mouth-to-mouth resuscitation.

OBJECTIVE 13

CLASSIFICATIONS OF SEIZURES - Answer should include the following:

- generalized seizures
- partial seizures

CAUSES OF SEIZURES - Answer should include any three of the following:

- Head injuries
- Brain tumors
- Genetics
- Infection (Meningitis)
- Circulatory disorders
- Brain hemorrhage
- Fever
- Metabolic disorder
- Toxicity

FACTORS THAT TEND TO STIMULATE OR PRECIPITATE SEIZURES - Answer should include any three of the following:

- Overexertion
- Inadequate rest
- Infection
- Excitement
- Fever
- Flashing light patterns
- Irregular daily schedule

FACTORS TO WATCH FOR, OBSERVE AND DOCUMENT - Answer should include any three of the following:

- Factors involved in onset (locations, situation)
- Physical areas of involvement
- Severity of muscle twitching
- Length of episode
- Level of consciousness
- Sequence of movement
- Preseizure and postseizure signs and symptoms
- Light/smells/confusion/light-headed

WHAT TO DO - Answer should include any three of the following:

- When a seizure occurs or a resident states that a seizure is preeminent, take immediate action.
- Help the resident lie on the ground, away from any objects that may injure the resident during the episode.
- Clear the area of any objects or people.
- Loosen tight clothing.
- Place the resident on one side.
- DO NOT restrain the resident
- DO NOT pry open the mouth/teeth
- After a seizure expect the person to be sleepy

CIMC
TEST CODE SHEET

VOCATIONAL PROGRAM (BOOK TITLE) MEDICATION ADMINISTRATION TECHNICIAN

UNIT NUMBER AND TITLE 2 – ADMINISTER MEDICATION

TOTAL NUMBER OF TEST QUESTIONS 132

TOTAL NUMBER OF BASIC SKILL QUESTIONS 52

OBJECTIVE NUMBER	TEST QUESTION NUMBER(S)	BASIC SKILL CODE(S)
1	1-7	X
2	1-5	X
3	1-3	X
4	1, 5, 7-10, 12, 14, 15	X
4	2-4, 6, 11, 13	S
5	1-5	X
6	1-14	S
7	1-14, 17-21	X
7	15, 16, 22, 23	S
8	1-5	X
9	1-12	S
10	1-15	R
11	1-10	X
12	1-4	X
13	1-2, 1-3, 1-3, 1-3, 1-3	X

INSTRUCTOR'S GUIDE

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

Required Activities and Resources
These are fully **integrated** components of this CIMC curriculum. They are usually packaged in or with the curriculum and are **essential** in meeting the learning objectives. To individualize this unit, use the LAP Sheet supplied in your resources.

- Reproducible handouts and transparency masters are included in the instructor's resource package. Handouts should be copied for all students. Transparency masters should be used to make overhead transparencies for use during instruction. A small copy of each transparency master appears in the students' Information Sheets.

- Non-reproducible resources are included in the students' curriculum.

Optional Activities and Resources
These are suggested high-interest activities to **help** deliver learning objectives to students or to let students achieve objectives in an applied context. Select as many as you wish to use. Some activities use extra resources for further information about the unit content. You can make them available in the classroom for in-depth study or optional activities, but their use is not required for meeting CIMC unit objectives.

OBJECTIVE 1

Required Activities and Resources

- Have students read Information Sheets.

- Discuss how documenting leads to each given purpose.

Optional Activities and Resources

- Compare documenting to other types of record keeping. For example, dental records, prenatal checkups, etc., all require documentation that must be accurate.

OBJECTIVE 2

Required Activities and Resources

- Have students read Information Sheets.
- Discuss the legal importance of documenting. Stress that if care is not documented, the courts may assume care was not given.

Optional Activities and Resources

- Discuss actual court cases involving documenting. Have students pretend they are the jury and decide the outcome of a particular court case.
- Have someone who is knowledgeable about the legal aspects of documentation speak to the class.

OBJECTIVE 3

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 1 to illustrate basic information to be documented.
- Stress to students that every facility will have different forms and practices for documenting but that the *basic information* to be documented is always the same.
- Emphasize that anything that is *unusual* should be documented.

Optional Activities and Resources

- Give students scenarios of basic information and have them practice documenting.

OBJECTIVE 4

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 2 to illustrate correct documentation.
- Use Transparency Master 3 to show students that forms will vary.
- Stress that students must be familiar with the policies and forms of the facility where they work. Discuss the fact that employees should always follow the procedures set up by the facility.

Optional Activities and Resources

- Ask students possible consequences if these rules are not followed. For example, if documentation was made with a pencil, someone could easily erase and change the entry.

OBJECTIVE 5

Required Activities and Resources

- Have students read Information Sheets.
- Discuss the difference between objective (recording facts) and subjective (recording personal opinions) documentation.

Optional Activities and Resources

- Using a sample "resident's log" that has mistakes, ask students to determine the mistakes in documenting.

OBJECTIVE 6

Required Activities and Resources

- Have students read Information Sheets.
- Discuss the importance of knowing what to watch for when documenting medication effects.

OBJECTIVE 7

Required Activities and Resources

- Have students complete Assignment Sheet 1.

Optional Activities and Resources

- Have students in the class write objective and subjective statements and then have the class determine whether the statements are objective or subjective.

OBJECTIVE 8

Required Activities and Resources

- Have students complete Assignment Sheet 2.

Optional Activities and Resources

- Create additional scenarios for students to document.

EVALUATION

Pretest (Written)

- Use the Written Test for both pretest and posttest. Give students the pretest before they begin the unit.
- Refer to the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions and suggestions on giving pretests and using pretest results.
- Use pretest results to guide individual students in progressing through the unit, doing enrichment work, or moving to the next unit.

Posttest (Written)

- Give students the unit Written Test again after they have completed the unit.
- Explain to students that they will be asked to demonstrate on the Written Test actions listed in the specific objectives.

- Compare pretest/posttest results and calculate student learning gains as modified percent gain scores. See the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions; use the CIMC CARL software for calculation and record keeping.

- Reteach and retest as necessary to meet individual student needs and state standards for student learning and competency gains.

- Evaluate students on Assignment Sheet activities if not previously done. Students must repeat Assignment Sheets, if necessary, until they have mastered the activity.

- Complete appropriate sections of competency profiles.

- Review individual and group performance to evaluate teaching effectiveness. Adjust scope, sequence, or instructional methods for additional lessons as required.

UNIT RESOURCES AND REFERENCES

REQUIRED RESOURCES

Publications

- *MAT Instructor's Resource Package.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1993.

OPTIONAL RESOURCES

Publications

- *Measuring Learning and Competency Gains: The Pretest/Posttest Approach.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992. Available from the Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, to order call 1-800-522-5810.

UNIT REFERENCES

- *Medication Administration Technician.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1989.

- *Medication Administration Technician: Update.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.

- *Nurse's Reference Library: Practices.* Springhouse Corporation: Springhouse, PA, 1984.

ANSWERS

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE 3

ASSIGNMENT SHEET 1

Part I

1. S
2. O
3. O
4. O
5. S
6. O
7. O
8. O
9. S
10. S

Part II

Students should have rewritten statements 1, 5, 9 and 10 so that they are objective. Answers will vary.

ASSIGNMENT SHEET 2

Students should have accurately, clearly and completely documented each scenario. Check to see that students have documented all relevant information. Writing should be clearly legible.

WRITTEN TEST

OBJECTIVE 1

Answers should contain correct spelling, punctuation and grammar. Answers should contain key points (in italics) from the following:

- Documenting helps each resident receive *consistent and appropriate care* from the MAT or other care provider.
- Documenting helps insure that a resident requiring medication *receives the correct medication, the correct dosage, and the correct administration* of the medication.
- Documenting helps the MAT provide appropriate care by *communicating to the MAT* the care given to each resident, and the resident's response.

- Documenting supports the MAT and the facility by providing a *legal record* that the proper medication was given (administered) properly and that the MAT complied with all rules, regulations, and requirements.

OBJECTIVE 2

Answers should contain correct spelling, punctuation and grammar. Answers should contain key points (in italics) from the following:

- Documenting provides a *legal record*; complete and accurate documenting provides *legal proof of the quality of care* given to a resident.
- When administering medication *you are responsible for knowing the legal implications* of documentation.
- Each aspect of medication administration requires documentation according to *federal and state laws, as well as professional standards and facility policy.*
- Inaccurate or incomplete documentation can result in *legal penalties.* Failure to document may result in the courts assuming failure to care. If a facility is sued for malpractice, *documentation serves as a defense.*

OBJECTIVE 3

Any six (6) of the following:

- Resident's complete first and last name
- Name and strength of the medication exactly as written on the medication container
- Dosage, in amount and frequency to be administered
- Route of administration
- Any special orders about the timing of the administration
- Complete date and time given, in a.m. or p.m., of each entry
- Resident's response to medications and other treatment
- Other information required by the facility

OBJECTIVE 4 2, 3, 5, 6, 8, 10

OBJECTIVE 5 2, 3, 5, 7, 9, 10

OBJECTIVE 6 Answers should include the following in any order:

- Purpose and desired (therapeutic) effect of the medication
- Side effects to watch for
- Possible interactions with other medications
- Behavior plan of the resident

CIMC
TEST CODE SHEET

VOCATIONAL PROGRAM (BOOK TITLE) MEDICATION ADMINISTRATION TECHNICIAN

UNIT NUMBER AND TITLE 3 – DOCUMENT MEDICATION ADMINISTRATION AND PATIENT CARE

TOTAL NUMBER OF TEST QUESTIONS 32

TOTAL NUMBER OF BASIC SKILL QUESTIONS 1

OBJECTIVE NUMBER	TEST QUESTION NUMBER(S)	BASIC SKILL CODE(S)
1	1	X
2	1	U
3	1-6	X
4	1-10	X
5	1-10	X
6	1-4	X

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OBTAIN VITAL SIGNS 4

Required Activities and Resources
These are fully **integrated** components of this CIMC curriculum. They are usually packaged in or with the curriculum and are **essential** in meeting the learning objectives. To individualize this unit, use the LAP Sheet supplied in your resources.

- Reproducible handouts and transparency masters are included in the instructor's resource package. Handouts should be copied for all students. Transparency masters should be used to make overhead transparencies for use during instruction. A small copy of each transparency master appears in the students' Information Sheets.
- Non-reproducible resources are included in the students' curriculum.

Optional Activities and Resources
These are suggested high-interest activities to **help** deliver learning objectives to students or to let students achieve objectives in an applied context. Select as many as you wish to use. Some activities use extra resources for further information about the unit content. You can make them available in the classroom for in-depth study or optional activities, but their use is not required for meeting CIMC unit objectives.

OBJECTIVE 1

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 1 to illustrate the vital signs.

Optional Activities and Resources

- Have students write a short paper (1-2 pages) on the vital signs.

OBJECTIVE 2

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 2 to illustrate the different temperature scales.

Optional Activities and Resources

- Give students examples of vital sign readings and have them document the readings.

OBJECTIVES 3 AND 4

Required Activities and Resources

- Have students read Information Sheets.
- Use Transparency Master 3 to illustrate the pulse points.

Optional Activities and Resources

- Show students a diagram of the heart to help them understand pulse.
- Discuss sites for taking pulse.
- Have students find pulse sites on classmates.

OBJECTIVE 5

Required Activities and Resources

- Have students read Information Sheets.

OBJECTIVES 6 AND 7

Required Activities and Resources

- Have students read Information Sheets.
- Discuss procedures to follow if a vital sign reading is outside the normal range.
- Use Transparency Master 4 to illustrate glass mercury thermometers.
- Use Transparency Master 5 to illustrate an electronic thermometer.
- Use Transparency Master 6 to illustrate a disposable thermometer and forehead strip.
- Use Transparency Master 7 to illustrate an aneroid sphygmomanometer.
- Use Transparency Master 8 to illustrate a mercury sphygmomanometer.

Optional Activities and Resources

- Display different thermometer types and sphygmomanometer types for students.
- Show one or more of the videos *Blood Pressure*; *Temperature, Pulse and Respirations*; *Measuring Temperature*; *Measuring Pulse, Respirations, Blood Pressure.*

OBJECTIVE 8

Required Activities and Resources

- Demonstrate the correct way to hold and read a thermometer.
- Have students complete Assignment Sheet 1.

Optional Activities and Resources

- Display different types of thermometers for students.
- Have students practice reading thermometers.
- Discuss sites for taking temperatures.
- Have students create a chart listing advantages of different temperature sites along with expected normal readings.

OBJECTIVE 9

Required Activities and Resources

- Demonstrate the correct way to read aneroid and mercury sphygmomanometer gauges.
- Have students complete Assignment Sheet 2.

Optional Activities and Resources

- Display different types of sphygmomanometers.

OBJECTIVES 10 THROUGH 12

Required Activities and Resources

- Provide the necessary equipment and supplies for each student: mercury thermometer, soap, cool tap water, cotton balls, antiseptic solution, two small basins, watch with a second hand, clean tissue, paper and pen, clean disposable gloves and plastic thermometer covers.

- Demonstrate the correct way to clean a mercury thermometer.
- Demonstrate the correct way to shake down a mercury thermometer.
- Demonstrate the correct way to take an oral temperature using a mercury thermometer.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheets 1 through 3.

OBJECTIVE 13 **Required Activities and Resources**

- Provide the necessary equipment and supplies for students: electronic thermometer, oral (blue) probe for thermometer, disposable probe cover (sheath), paper and pen and clean, disposable gloves.
- Demonstrate the correct way to take an oral temperature using an electronic thermometer.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 4.

OBJECTIVE 14 **Required Activities and Resources**

- Provide the necessary equipment and supplies for students: mercury thermometer marked Rectal, watch with a second hand, clean tissue, lubricant, paper and pen and clean, disposable gloves.
- Demonstrate the correct way to take a rectal temperature using a mercury thermometer.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 5.

OBJECTIVE 15 **Required Activities and Resources**

- Provide the necessary equipment and supplies for students: mercury thermometer (oral), watch with a second hand, clean tissue and paper and pen.
- Demonstrate the correct way to take an axillary temperature using a mercury thermometer.

- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 6.

OBJECTIVE 16

Required Activities and Resources

- Provide the necessary equipment and supplies for students: watch with a second hand and paper and pen.
- Demonstrate the correct way to take a radial pulse rate and respiratory rate.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 7.

OBJECTIVE 17

Required Activities and Resources

- Provide the necessary equipment and supplies for students: sphygmomanometer (mercury or aneroid type), stethoscope, paper and pen and cotton balls with antiseptic or antiseptic gauze wipes.
- Demonstrate the correct way to take blood pressure.
- Allow students to practice Job Sheet skills before skill testing.
- Have students complete Job Sheet 8.

EVALUATION

Pretest (Written)

- Use the unit Written Test for **both** pretest and posttest. Give students the pretest before they begin the unit.
- Refer to the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions and suggestions on giving pretests and using pretest results.
- Use pretest results to guide individual students in progressing through the unit, doing enrichment work, or moving to the next unit.

Posttest (Written)

- Give students the unit Written Test again after they have completed the unit.
- Explain to students that they will be asked to demonstrate on the Written Test actions listed in the specific objectives.
- Compare pretest/posttest results and calculate student learning gains as modified percent gain scores. See the CIMC publication *Measuring Learning and Competency Gains: The Pretest/Posttest Approach* for instructions; use the CIMC CARL software for calculation and record keeping.
- Reteach and retest as necessary to meet individual student needs and state standards for student learning and competency gains.
- Evaluate students on Assignment Sheet activities if not previously done. Students must repeat Assignment Sheets, if necessary, until they have mastered the activity.
- Complete appropriate sections of competency profiles.
- Review individual and group performance to evaluate teaching effectiveness. Adjust scope, sequence, or instructional methods for additional lessons as required.

Skill Test

- Explain to students that they will be asked to demonstrate procedures on the Job Sheets as a skills test.
- Describe the rating scale used on the Skills Test.
- Reteach and retest as necessary.
- Evaluate student performance and complete appropriate sections of competency profiles.

UNIT RESOURCES AND REFERENCES

REQUIRED RESOURCES

Publications

- *MAT Instructor's Resource Package.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1993.

OPTIONAL RESOURCES

Publications

- *Measuring Learning and Competency Gains: The Pretest/Posttest Approach.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992. Available from the Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, to order call 1-800-522-5810.

Videos

- *Blood Pressure.* Available from Medcom, Inc., Box 3225, Garden Grove, CA 92642, 1-800-877-1443.
- *Temperature, Pulse, Respiration.* Available from Medcom, Inc., Box 3225, Garden Grove, CA 92642, 1-800-877-1443.
- *Measuring Temperature.* Available from Medcom, Inc., Box 3225, Garden Grove, CA 92642, 1-800-877-1443.
- *Measuring Pulse, Respirations, Blood Pressure.* Available from Medcom, Inc., Box 3225, Garden Grove, CA 92642, 1-800-877-1443.

UNIT REFERENCES

Publications

- *Medication Administration Technician.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1989.
- *Medication Administration Technician: Update.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.
- Milliken, Mary Elizabeth, and Gene Campbell. *Essential Competencies For Patient Care.* The C.V. Mosby Company: St. Louis, MO, 1985.

- *Nursing Principles and Skills.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1992.
- *Pharmacology.* Oklahoma Department of Vocational and Technical Education: Stillwater, OK, 1990.
- Potter, Patricia A., and Anne G. Perry. *Fundamentals of Nursing: Concepts, Process, and Practice, second edition.* The C.V. Mosby Company: St. Louis, MO, 1989.
- Schniedman, Rose, Susan S. Lambert, and Barbara R. Wander. *Being a Nursing Assistant, fifth edition.* Prentice-Hall, Inc., a division of Simon & Shuster, Inc.: Englewood Cliffs, NJ, 1989.
- Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants, second edition.* The C.V. Mosby Company: St. Louis, MO, 1987.

ANSWERS — OBTAIN VITAL SIGNS — 4

ASSIGNMENT SHEET 1

1. 97.4° F
2. 37.3° C
3. 36.9° C
4. 103.8° F
5. 38.2° C
6. 99.6° F

ASSIGNMENT SHEET 2

1. 114/80
2. 164/96
3. 140/90
4. 120/80
5. 170/95
6. 160/95
7. 198/104
8. 122/76

WRITTEN TEST

OBJECTIVE 1

In any order:

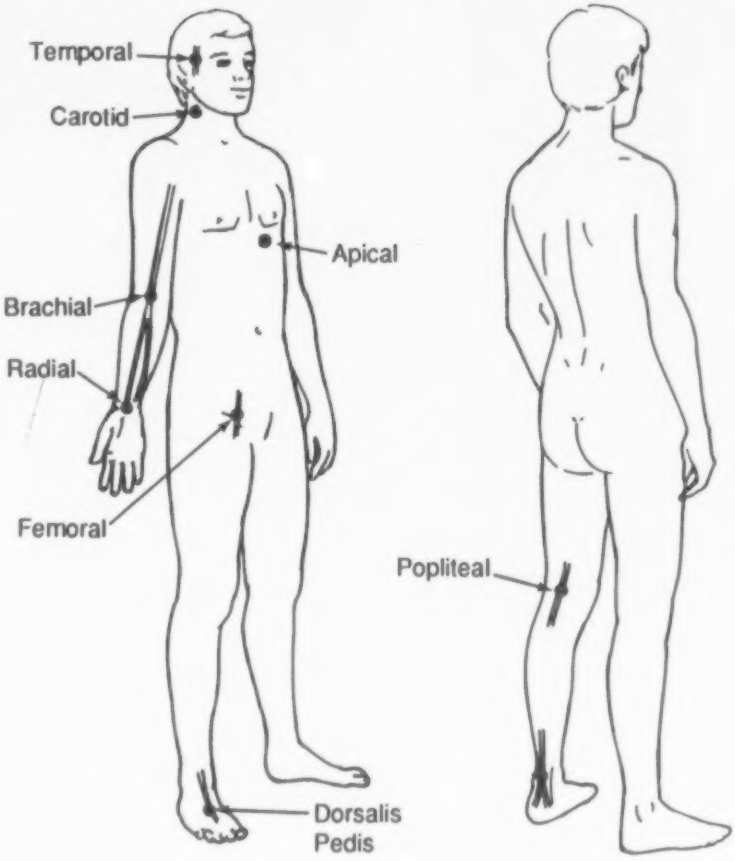
1. Blood pressure — the force of blood pushing against the walls of blood vessels
2. Pulse — a measurement of how fast the heart is beating
3. Respiration — the act of breathing in (inspiration) and breathing out (expiration)
4. Temperature — the amount of heat in the body

OBJECTIVE 2

1. B/P
2. C
3. °
4. F
5. P.
6. R.
7. T.

OBJECTIVE 3

Compare answer to artwork below.


Temporal
Carotid
Apical
Brachial
Radial
Femoral
Popliteal
Dorsalis Pedis

OBJECTIVE 4

In any order:

1. Rate — how many times the heart beats per minute
2. Rhythm — how regular or irregular the heart beats
3. Force — how strongly the heart beats

OBJECTIVE 5

In any order:

1. Rate — how many times the person inhales and exhales in one minute
2. Rhythm — how regular or irregular the person breathes
3. Depth — how deeply the person breathes

OBJECTIVE 6

1. 97.6°-99.6° Fahrenheit, 36.5°-37.5° Centigrade
2. 98.6°-100.6° Fahrenheit, 37.0°-37.8° Centigrade
3. 96.6°-98.6° Fahrenheit, 36.0°-37.0° Centigrade
4. 60-100 beats per minute
5. 14-20 per minute
6. 100 to 140 Systolic, 60 to 90 Diastolic

OBJECTIVE 7

1. +
2. +
3. +
4. +/-
5. +/-
6. +/-
7. +/-
8. -
9. +
10. +
11. +
12. +
13. +
14. +
15. +
16. -
17. +
18. +
19. +/-
20. +

CIMC
TEST CODE SHEET

VOCATIONAL PROGRAM (BOOK TITLE) MEDICATION ADMINISTRATION TECHNICIAN

UNIT NUMBER AND TITLE 4 — OBTAIN VITAL SIGNS

TOTAL NUMBER OF TEST QUESTIONS 59

TOTAL NUMBER OF BASIC SKILL QUESTIONS 24

OBJECTIVE NUMBER	TEST QUESTION NUMBER(S)	BASIC SKILL CODE(S)
1	1-4	S
2	1-7	S, W
3	1	S
4	1-3	S
5	1-3	S
6	1-6	S
7	1-15	X
8	1-20	X

MEDICATION ADMINISTRATION TECHNICIAN

Instructional Supplement

Reading

Science

Creative Thinking/ Problem Solving

Writing

Oral Communication

Employability

Math

Interpersonal or Relating

Social Studies

READING

Reading Comprehension

- If students have difficulty gaining factual information:
    - Remind students that they probably read for many reasons. One of these reasons is to learn new information. The reason you have for reading helps determine the way you read.
    - Have students discuss the different techniques they use when reading. Lead the discussion so that students realize that, when they read for fun, they may read quickly; they may skim some parts and read others more carefully. Reading for facts requires more care.
    - Suggest that one technique found to be successful includes the following steps:
        - Identify in advance what it is you want to learn. Be certain that before starting to read, you have a clear understanding of what you want to accomplish. It sometimes helps to list the questions to be answered.
        - If the material to be read includes a table of contents, study it to get an understanding of how the material is organized.
        - Scan through the material noting headings, highlighted information, illustrations, etc.
        - Read the material carefully. Take notes or highlight as you read, listing or marking the information you want to learn. Note key words and ideas.
        - Study your notes/highlighted material. Ask yourself if you found all you wanted to learn. If not, read the material again or locate another source for the information.
    - Tell students that they should find a personal technique for reading to learn factual information.
- If students have difficulty distinguishing fact, opinion and inference:
    - Discuss the difference between fact, opinion and inference. The discussion should include the definitions of fact, opinion and inference. Emphasize that facts are *objective*.

- ☐ Create or provide samples of sentences that illustrate fact, opinion and inference. One source would be the newspaper; hard news stories illustrate facts, editorials illustrate opinion and inference. For each sample, ask students whether the sample is fact, opinion, or inference. Ask students "Would each person who researched or observed the event or question come up with the same answer?" Continue until you are sure that students understand the difference between fact, opinion and inference.

Functional Reading

- If students have difficulty following written instructions:
  - ☐ Discuss the possible consequences of not following instructions precisely.
  - ☐ Review the *importance* of following written instructions. Give appropriate scenarios when written instructions are not followed or are not followed completely and correctly.
  - ☐ Discuss the *relationship* between the order of written instructions and the appropriate outcome. Emphasize the need to follow written instructions in their proper order. Use examples where the order of instructions in a sequence is critical to the outcome of the task.
  - ☐ Explain to students that one of the keys to following written directions successfully is to read the directions completely before actually beginning to follow them. Doing this ensures that you will not be surprised as you work through the steps. It also gives you an opportunity to ask questions about steps you do not understand.
  - ☐ Tell students that, after they have read the directions and understand what to do, they should go back to Step 1 and follow the directions step-by-step (without skipping any steps). Remind students that it is important to follow steps in order, even if they think they already know what to do.
- If students have difficulty using content area vocabulary:
  - ☐ Remind students that nearly every occupation or group uses words that have specific, specialized meanings to others in the same occupation or group. Have them name and define some content area, technical, or "slang" words with which they are familiar.
  - ☐ Explain that using content area or technical words makes it easier for people within groups or occupations to communicate ideas accurately. Remind students that often the same word may have a generic meaning to the majority of people, but a very specific meaning within an industry.
  - ☐ Review key terms and concepts, so that students hear, see, write, and say them.

- ☐ Have students suggest ways to learn the meanings of the vocabulary specific to what they are studying. Provide opportunities for students to practice using the terminology they will need.

WRITING

Language

- If students have difficulty using standard grammar, spelling, and capitalization:
  - ☐ Discuss the importance of using standard grammar and correct spelling, punctuation, and capitalization. Include the fact that it is more difficult to read and understand incorrectly-written materials, and that readers will take correctly-written materials more seriously.
  - ☐ List common errors in grammar, spelling, punctuation, and capitalization in materials written by your students. Review this list with the class or with individuals.
  - ☐ Help students to develop a checklist to use as they write, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest that the student keep a personal dictionary of frequently used or misspelled words.
  - ☐ Have students work with partners or in groups and review each others' writing. Allow time for students to discuss the comments with their partners or groups.
  - ☐ Suggest that as students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for students to review, revise, or correct their writing.
- If students have difficulty stating ideas clearly:
  - ☐ Remind students to determine in advance the ideas they want to convey and the audience they want to reach. Audience analysis is very important in presenting ideas clearly and appropriately.
  - ☐ State that audience analysis begins early, such as when students are doing their research. They must describe their intended audience and decide how to best present their ideas to that audience. Options for communicating with the audience include written reports, charts, graphs, diagrams, etc. Explain how the audience influences the way in which the information is presented (such as very simple text with pictures, for children; a great deal of background information, for people who know nothing about or very little about the subject; or, little background but more complex information, for experts).

  - Have students work with a partner or in a small group. Provide time for them to share ideas with each other and make suggestions for making ideas clearer.

  - Remind students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

Composition

- If students have difficulty using complete sentences:

  - Remind students that complete sentences should be used in all writing assignments requiring paragraphs. Discuss what makes a group of words a sentence. Have students practice recognizing complete sentences using either exercises from any grammar/language arts text or self-prepared sentence activities.

  - Have students volunteer to compose complete sentences using words or topics you suggest. Write the sentences on the board. Have other students analyze the sentences to determine if they are complete. If not, have a volunteer rewrite them as complete sentences.

  - Review the definition of "sentence fragment."

  - Ask students for the three things needed for a complete sentence: subject, verb, and complete thought.

  - Create samples of complete sentences and sentence fragments. For each sample, ask students whether each is a complete or fragmented sentence. Ask whether each sample answers the questions "who or what did something?" and "what happened?" For those samples identified as sentence fragments, ask students for one or more ways of completing the sentences. Continue until you are sure that students are comfortable with this method for determining if a sentence is complete.

  - Stress the importance of using complete sentences in all "sentence or paragraph" style writing.

Functional Writing

- If students have difficulty completing forms and records:

  - Remind students to first decide what information is being requested. Examine the structure of the forms used. This saves time by identifying the needed information so that time will not be spent on unwanted information.

  - Tell students to plan responses carefully before putting them in a final form. If the responses call for sentence or paragraph information, it is always a good idea to write the response in rough draft form, then edit, proofread, and rewrite the draft in a final form. Stress the importance of accurate, legible records.

MATHEMATICS

Functional Math

- If students have difficulty making measurements:
    - ☐ Remind students that a key to making accurate measurements is to understand the techniques used for the type of measurement being made.
    - ☐ Suggest that students ask questions such as: How should the measurement be recorded (nearest inch)? What should be used to make the measurement? Are there special instructions that should be followed? Understanding what is expected and what must be learned makes the measuring task easier.
    - ☐ Review what is to be measured, the tools to be used, and any special instructions to be followed. Allow students time to practice using and reading the tool or measuring device.
    - ☐ Review the units of measure in the English and metric systems, if appropriate.
    - ☐ Demonstrate the correct procedure for making the required measurement(s).

INTERPERSONAL OR RELATING

General Relating

- If students have difficulty analyzing/applying nonverbal communication:
    - ☐ Discuss ways in which information can be communicated non-verbally, such as through facial expressions, tone of voice, body position, mannerisms, and movements.
    - ☐ Have students demonstrate non-verbal communication using scenarios that you create. Ask those students observing the scenarios to identify what is being communicated.

- If students have difficulty interacting with clients/customers/patients:
  - Remind students that a key to getting along with and successfully communicating with clients, customers, or patients is to treat them with the same respect and attitude you would like to receive. State that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are theirs and should not be imposed upon others. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if those beliefs are different.
  - Remind students that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person(s). Do not assume that you know what the other person is going to say; this often leads to misunderstandings.
  - Have students give examples of how they have successfully communicated with clients, customers, or patients.

CREATIVE THINKING/PROBLEM SOLVING

Cognitive Activities

- If students have difficulty identifying critical elements/issues:
  - Instruct students to read or examine their sources carefully, noting key words and ideas.
  - Suggest they list the questions they hope to answer.
- If students have difficulty identifying/developing alternatives:
  - Look at the original item/solution requiring an alternative. Identify for students the criteria in the original that must also be met by any alternative.
  - Discuss the variables that could be changed to create an alternative.
  - To identify/develop alternatives, discuss the characteristics of an alternative. Ask which factors in the problem or situation create the opportunity for more than one possible choice. Have students brainstorm alternatives to a sample problem or situation that you create.

- If students have difficulty evaluating an alternative:
    - To evaluate alternatives, suggest that students begin by listing the criteria which must be met by any alternative. Then, they can judge potential alternatives in terms of the criteria.
- If students have difficulty selecting an alternative:
    - To select alternatives, suggest that students begin by listing the criteria which must be met by any alternative. Then, they can judge potential alternatives in terms of the criteria.
- If students have difficulty transferring knowledge/training to new situations:
    - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.
    - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:
    - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.
    - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

EMPLOYABILITY

Job Acquisition/Development

- If students have difficulty mastering specific job task/procedure:
    - Discuss the importance of mastering specific job tasks or procedures. Explain that it is probably impossible to find a job where there isn't a task or procedure to be mastered. Remind them that future employers will be more likely to hire people who can already perform the tasks required.

    - Ask the students to share methods they have used to master specific job tasks or procedures. Discuss these methods with the class.
    - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.
    - Suggest they study each component of the procedure to determine which area is causing difficulty.
    - Review the entire procedure.
    - Team them with proficient students or professionals to practice the procedure.

- If students have difficulty dealing effectively with co-workers:
    - Remind students that a key to getting along with and successfully dealing with co-workers is cooperation and compromise. Have students suggest reasons why it is important that co-workers work together, as well as ways to accomplish this cooperation. (Discussion should include working as a team with a common goal, not blaming others for problems or mistakes, furnishing help or making constructive suggestions when needed, listening to suggestions from others, etc.)
    - Remind students to treat their co-workers as they would like to be treated. This helps ensure that all workers will be treated with respect.

- If students have difficulty dealing effectively with customers/clients/patients:
    - Remind them that one of the keys to dealing effectively with customers, clients, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.
    - Remind them that one of the best ways to successfully deal with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.
    - Have the students discuss ways they have successfully dealt with clients, customers or patients. Briefly sum up the ways people have successfully dealt with customers, clients or patients.

Medication Administration Technician

Instructor's Resource Package

LAP Sheets

Transparency Masters

Written Tests

Developed by the
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and Technical Education

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LAP
SHEET

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

Check the following blanks as you complete each step.

1. **Read** ___ Introduction, Unit Objective and Specific Objectives.

2. **Study** ___ Information Sheets, Objectives 1-10.

3. **Do** ___ The Assignment Sheet, "Respond to situations involving ethical and legal issues."

4. **Stop** ___ Have instructor evaluate completed assignment sheet. If evaluation is satisfactory, continue to step 5. If evaluation is unsatisfactory, repeat step 3.

5. **Ask** ___ Instructor for test on Unit 1 - Explore Professional, Ethical and Legal Issues. If your score is 85 percent or above, proceed to the next Learning Activity Packet (LAP) Sheet. If your score is below 85 percent, ask your instructor for directions and/or optional learning activities which meet your learning style needs.

May be photocopied for student use.

WRITTEN TEST

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

Name ______________________ Score ________

OBJECTIVE 1

List basic responsibilities of the MAT. Write the responsibilities in the space provided.

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

OBJECTIVE 2

List standards of care guiding the actions of the MAT. Write the standards in the space provided.

1. ______________________
2. ______________________
3. ______________________
4. ______________________

May be photocopied for student use.

OBJECTIVE 3 **Select from a list the rights and responsibilities of a resident.** Place an "X" in front of the correct statements.

_____ 1. Communicate and consult privately with a physician, attorney, or any other person

_____ 2. Receive medication and treatment even if a resident has not given informed consent

_____ 3. Receive courteous and respectful care and treatment

_____ 4. Have decisions regarding their financial affairs, medical treatment and family affairs made for them

_____ 5. Receive a statement of the facility's regulations and an explanation of the resident's responsibility to obey

_____ 6. Always have a staff member present when a person visits the resident

_____ 7. Exercise civil and religious liberties including the right to independent personal decisions and knowledge of available choices

_____ 8. Present grievances on behalf of himself/herself without fear of reprisal

_____ 9. Have the staff read and sort through all correspondence of the resident

_____ 10. Have privacy for spousal visits

OBJECTIVE 4 **List types of information requiring confidentiality.** Write the types of information in the space provided.

1. ____

____

2. ____

____

3. ____

____

May be photocopied for student use.

OBJECTIVE 5 **Select from a list guidelines for maintaining the confidentiality of privileged information.** Place an "X" in front of the correct statements.

_____ 1. Be sensitive to each resident's need for privacy and dignity.

_____ 2. Keep resident records in the resident's room where they are easily accessible.

_____ 3. Allow only those persons authorized by the residential care home/group home to have access to resident records.

_____ 4. Consent does not need to be obtained if routine medical treatments of a resident are being discussed.

_____ 5. Keep the contents of all records confidential.

OBJECTIVE 6 **Describe types of wrongful actions for which the MAT may be held liable.** Write the descriptions in the space provided.

1. Assault – ____

____

____

2. Battery – ____

____

____

3. False imprisonment – _____________________________________

____

____

____

May be photocopied for student use.

4. Intentionally inflicting emotional distress –____________________

____

____

____

5. Invasion of privacy –____

____

____

____

6. Negligence –____

____

____

____

OBJECTIVE 7

Discuss legal requirements for reporting abuse or neglect of a resident. Write the correct answers in the blanks.

1. The residential care/group home is ________________ responsible for reporting cases of abuse or neglect.
2. Any person who knowingly and willfully fails to promptly report any abuse or neglect, upon conviction, is guilty of a ________________.
3. The residential care/group home must have a ________________ policy statement that expressly prohibits the abuse or neglect of a resident.
4. The MAT has both a ________________ and ________________ responsibility to report cases of abuse and neglect.
5. Cases of abuse or neglect are reported to the ____________________ and the ____________________.

May be photocopied for student use.

OBJECTIVE 8 **Explain the legal significance of a controlled substance.** Write a short paragraph explaining the legal significance of a controlled substance.

____

____

____

____

____

OBJECTIVE 9 **Select from a list guidelines for meeting legal responsibilities of the MAT.** Place an "X" in front of the correct statements.

_____ 1. Follow regulations developed by the State Department of Health when making decisions about how to deal with the residents at your facility.

_____ 2. Follow all guidelines for documenting the administration of medications.

_____ 3. Read and follow your job description.

_____ 4. Share privileged information if you believe the person should know the information.

_____ 5. Do not report suspected cases of abuse or neglect until another staff member supports your allegations.

_____ 6. Read and follow your training manual.

_____ 7. Document information only if you believe it is important.

_____ 8. Learn procedures and regulations as you perform your duties.

_____ 9. Know the procedures for storing, administering, documenting and disposing of the controlled drugs at your facility.

_____ 10. Dispose of controlled substances just as you would any other trash.

May be photocopied for student use.

OBJECTIVE 10

Select from a list guidelines for meeting ethical responsibilities of the MAT. Place an "X" in front of the correct statements.

_____ 1. Perform your duties to the best of your ability.

_____ 2. Do NOT perform duties for which you are not adequately trained.

_____ 3. Respect other employees where you work.

_____ 4. Perform duties even if you are not adequately trained.

_____ 5. Consider your needs to be most important when performing your duties.

_____ 6. Do NOT perform duties that are not within the training and certification of the MAT.

_____ 7. Keep privileged information confidential.

_____ 8. Always consider the resident's needs to be important.

_____ 9. Perform the minimum quality and amount of work to keep employment.

_____ 10. Respect the rights and privacy of each resident.

NOTE: Objective 11 is evaluated on the completion of the Assignment Sheet in this unit. If the Assignment Sheet has not been completed, check with your instructor. Unit objectives have not been met until this component has been completed.

May be photocopied for student use.

LAP SHEET

ADMINISTER MEDICATION

2

Check the following blanks as you complete each step.

1.	**Read**	____	Introduction, Unit Objective and Specific Objectives.
2.	**Study**	____	Information Sheets, Objective(s) 1-13. Illustrations from the Transparency Masters appear in your Information Sheets.
3.	**Ask**	____	Instructor to demonstrate procedure **Properly wash your hands** for you. Use Job Sheet 1, "Properly wash your hands," to follow along.
4.	**Practice**	____	Procedure demonstrated in step 3 using Job Sheet 1.
5.	**Stop**	____	Have instructor evaluate your performance of procedure in Job Sheet 1. If satisfactory, continue to step 6. If unsatisfactory, practice procedure in Job Sheet 1 and have instructor reevaluate your performance.
6.	**Ask**	____	Instructor to demonstrate procedure **Administer oral medication in liquid form** for you. Use Job Sheet 2, "Administer oral medication in liquid form," to follow along.
7.	**Practice**	____	Procedure demonstrated in step 6 using Job Sheet 2.
8.	**Stop**	____	Have instructor evaluate your performance of procedure in Job Sheet 2. If satisfactory, continue to step 9. If unsatisfactory, practice procedure in Job Sheet 2 and have instructor reevaluate your performance.
9.	**Ask**	____	Instructor to demonstrate procedure **Administer oral medication in pill form** for you. Use Job Sheet 3, "Administer oral medication in pill form," to follow along.
10.	**Practice**	____	Procedure demonstrated in step 9 using Job Sheet 3.

May be photocopied for student use.

11. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 3. If satisfactory, continue to step 12. If unsatisfactory, practice procedure in Job Sheet 3 and have instructor reevaluate your performance.

12. **Ask** ___ Instructor to demonstrate procedure **Administer topical medication** for you. Use Job Sheet 4, "Administer topical medication," to follow along.

13. **Practice** ___ Procedure demonstrated in step 12 using Job Sheet 4.

14. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 4. If satisfactory, continue to step 15. If unsatisfactory, practice procedure in Job Sheet 4 and have instructor reevaluate your performance.

15. **Ask** ___ Instructor to demonstrate procedure **Administer eye medication** for you. Use Job Sheet 5, "Administer eye medication," to follow along.

16. **Practice** ___ Procedure demonstrated in step 15 using Job Sheet 5.

17. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 5. If satisfactory, continue to step 18. If unsatisfactory, practice procedure in Job Sheet 5 and have instructor reevaluate your performance.

18. **Ask** ___ Instructor to demonstrate procedure **Administer ear medication** for you. Use Job Sheet 6, "Administer ear medication," to follow along.

19. **Practice** ___ Procedure demonstrated in step 18 using Job Sheet 6.

20. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 6. If satisfactory, continue to step 21. If unsatisfactory, practice procedure in Job Sheet 6 and have instructor reevaluate your performance.

21. **Ask** ___ Instructor to demonstrate procedure **Administer nasal medication** for you. Use Job Sheet 7, "Administer nasal medication," to follow along.

May be photocopied for student use.

22. **Practice** ___ Procedure demonstrated in step 21 using Job Sheet 7.

23. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 7. If satisfactory, continue to step 24. If unsatisfactory, practice procedure in Job Sheet 7 and have instructor reevaluate your performance.

24. **Ask** ___ Instructor to demonstrate procedure **Administer inhalant medication** for you. Use Job Sheet 8, "Administer inhalant medication," to follow along.

25. **Practice** ___ Procedure demonstrated in step 24 using Job Sheet 8.

26. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 8. If satisfactory, continue to step 27. If unsatisfactory, practice procedure in Job Sheet 8 and have instructor reevaluate your performance.

27. **Ask** ___ Instructor to demonstrate procedure **Administer rectal suppository medication** for you. Use Job Sheet 9, "Administer rectal suppository medication," to follow along.

28. **Practice** ___ Procedure demonstrated in step 27 using Job Sheet 9.

29. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 9. If satisfactory, continue to step 30. If unsatisfactory, practice procedure in Job Sheet 9 and have instructor reevaluate your performance.

30. **Ask** ___ Instructor to demonstrate procedure **Administer vaginal suppository medication** for you. Use Job Sheet 10, "Administer vaginal suppository medication," to follow along.

31. **Practice** ___ Procedure demonstrated in step 30 using Job Sheet 10.

32. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 10. If satisfactory, continue to step 33. If unsatisfactory, practice procedure in Job Sheet 10 and have instructor reevaluate your performance.

May be photocopied for student use.

33. Ask ___ Instructor for test on Unit 2 - Administer Medication. If your score is 85 percent or above, proceed to the next Learning Activity Packet (LAP) Sheet. If your score is below 85 percent, ask your instructor for directions and/or optional learning activities which meet your learning style needs.

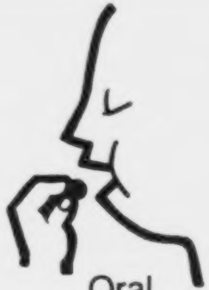
May be photocopied for student use.

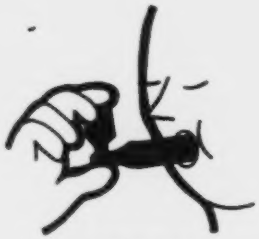
RIGHTS OF MEDICATION ADMINISTRATION

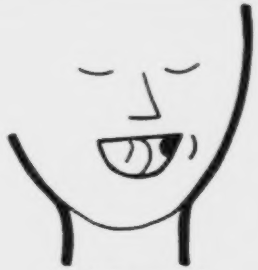
- ☑ Right Resident
- ☑ Right Time and Date
- ☑ Right Medication
- ☑ Right Medication Form
- ☑ Right Dosage and Amount
- ☑ Right Route of Administration
- ☑ Right Documentation

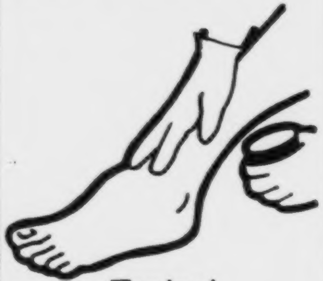
May be photocopied for student use.

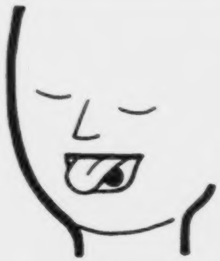
ROUTES OF MEDICATION ADMINISTRATION

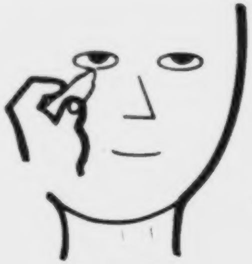

Oral

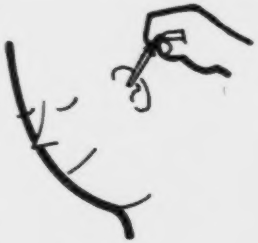

Inhalation

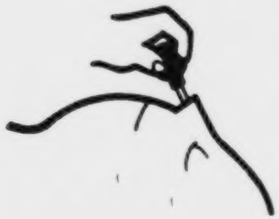

Sublingual


Topical


Buccal


Mucosal


Mucosal


Mucosal

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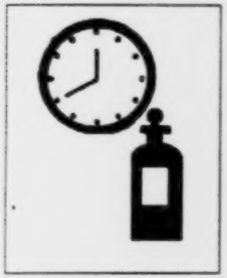
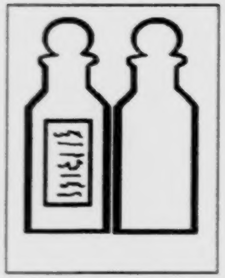
MEDICATION ADMINISTRATION GUIDELINES



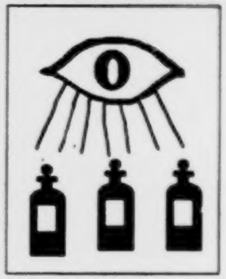
ON TIME

Give medicine on time.



YES NO

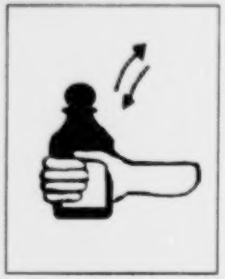
Do not use unlabeled bottles.



LOOK

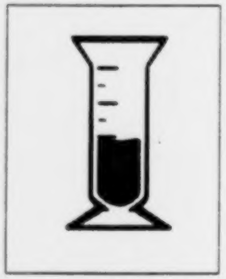
Look at the label three times:

- *When you take it down
- *When you pour it
- *When you put it back



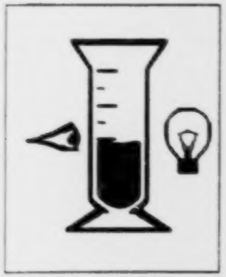
SHAKE

Shake the bottle if the medicine is in suspension.



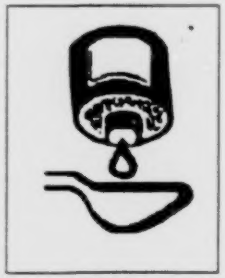
MEASURE

Use an accurate Measure.



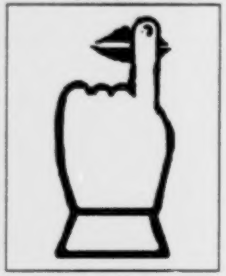
LIGHT

Hold measure on the level of your eye in good light.



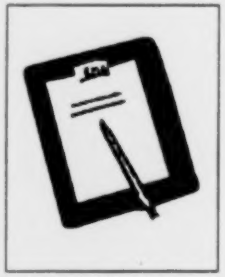
POUR

Pour medicines from the side of the bottle opposite the label.



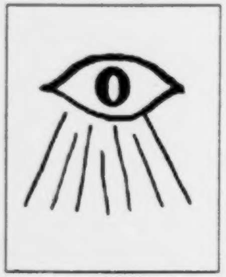
SILENCE

Do not talk when measuring drugs.



DOCUMENT

Document the medicine after the resident has taken it.



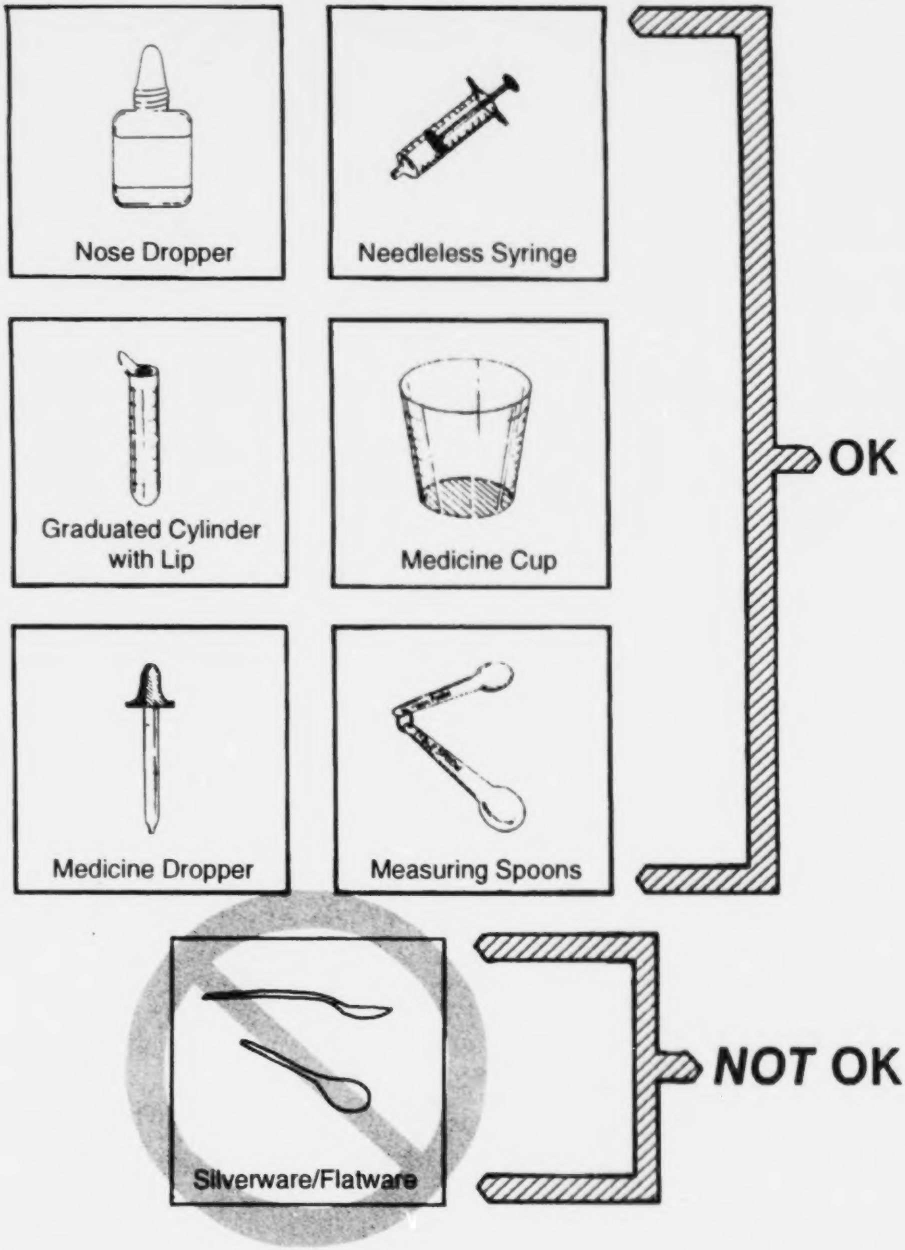
KNOW

Know why the medicine was given and watch for its effects.

May be photocopied for student use.

TM 4

MEASURING UTENSILS


Nose Dropper
Needleless Syringe
Graduated Cylinder with Lip
Medicine Cup
Medicine Dropper
Measuring Spoons
OK
Silverware/Flatware
NOT OK

May be photocopied for student use.

WRITTEN TEST

ADMINISTER MEDICATION

2

Name ______________________________ Score ________

OBJECTIVE 1

Name the seven rights of medication administration. List the rights in the space provided.

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____

OBJECTIVE 2

State purposes of medication. Write the purposes in the space provided.

1. ____
2. ____
3. ____
4. ____
5. ____

OBJECTIVE 3

State the checkpoints for verifying a medication during preparation. Write the checkpoints in the space provided.

1. ____
2. ____
3. ____

May be photocopied for student use.

OBJECTIVE 4

Classify forms of medications by their route of administration. Place an "O" in front of oral medications, and "R" in front of rectal medications, a "T" in front of topical medications, an "M" in front of mucosal medications, and an "I" in front of inhalant medications.

_____ 1. Spray

_____ 2. Sublingual tablet

_____ 3. Suspension

_____ 4. Lozenge

_____ 5. Eye, ear, and nose drops

_____ 6. Emulsion

_____ 7. Suppository

_____ 8. Liniment

_____ 9. Capsule

_____ 10. Enema solution

_____ 11. Buccal tablet

_____ 12. Gas

_____ 13. Vaginal cream

_____ 14. Ointment

_____ 15 Tablet

May be photocopied for student use.

OBJECTIVE 5 **Explain factors affecting drug metabolism.** Explain five factors which may affect drug metabolism.

1. ______________________________

____

2. ______________________________

____

3. ______________________________

____

4. ______________________________

____

5. ______________________________

____

OBJECTIVE 6 **Match common classifications of drugs to their actions.** Write the correct letter in front of each statement.

_____ 1. Destroys bacteria

_____ 2. Acts upon the central nervous system

_____ 3. Destroys rapidly growing body cells

_____ 4. Relieves pain

_____ 5. Acts directly on the heart

_____ 6. Neutralizes acids

_____ 7. Reduces temperatures

_____ 8. Induces vomiting

_____ 9. Reduce the clotting ability of blood

a. analgesic
b. anesthetic
c. antacid
d. antibiotic
e. anticoagulant
f. anticonvulsant
g. antineoplastic
h. antipyretic
i. buccal
j. cardiovascular
k. diuretic
l. emetic
m. hormone
n. laxative
o. oral
p. psychotropic
q. sublingual
r. suppository
s. topical

May be photocopied for student use.

_____ 10. Produces loss of feeling

_____ 11. Prevent or stop convulsions

_____ 12. Increases the output of urine

_____ 13. Stimulates by chemical action an increase in function or secretions

_____ 14. Soften the stool

OBJECTIVE 7

Select from a list guidelines for administering medication. Place an "X" in front of each correct statement.

ALL MEDICATIONS

_____ 1. Wear protective equipment, if necessary.

_____ 2. Assume the resident already knows the procedure.

_____ 3. Verify the rights of medication administration.

_____ 4. Provide privacy, if appropriate.

ORAL MEDICATIONS

_____ 5. Always crush the medication.

_____ 6. Avoid touching the medication, if possible.

_____ 7. When administering liquid medication, place the medicine cup at eye level with the prescription label on the bottle turned toward the palm of your hand.

EYE MEDICATIONS

_____ 8. Administer drops (solutions) and ointments at temperatures below 65° F.

_____ 9. Determine the correct site for the medication.

May be photocopied for student use.

EAR MEDICATIONS

_____ 10. Before administering the drops, ask the resident if he/she has cleaned the ear.

_____ 11. Administer the medication at room temperature.

NASAL MEDICATIONS

_____ 12. Administer sprays with the resident's head erect and with both nostrils blocked.

_____ 13. Before administering a spray, shake the spray and hold the bottle upright.

_____ 14. Administer drops with the resident's head tilted down toward the chest.

BUCCAL/SUBLINGUAL MEDICATIONS

_____ 15. Place the medication between the cheek and the gum (buccal).

_____ 16. Wait until the medication is completely dissolved before allowing the resident to have any food or drink.

TOPICAL MEDICATIONS

_____ 17. Rub liquids onto the skin.

_____ 18. Blow powders onto the skin from the dispensing container.

RECTAL SUPPOSITORY

_____ 19. Remove suppositories from their foil packs before you enter the resident's room.

_____ 20. Have the resident lay on the stomach.

_____ 21. Lubricate the suppository before inserting it into the rectum.

VAGINAL MEDICATIONS

_____ 22. Be sure that the resident's bladder is empty.

_____ 23. Be sure that the resident remains lying down for several minutes.

May be photocopied for student use.

OBJECTIVE 8 **Answer questions about the self-administration of medication.** Write a short answer to each question in the blanks provided.

1. With whom should the resident's capability of self-administering medication be verified?

2. What should the MAT follow when assisting residents in the self-administration of medication?

3. What safety precautions should the MAT discuss with the resident?

4. What should the MAT do if a resident refuses to take his or her medication?

5. What three things should the MAT do when assisting in medication administration? Which of these may be done by the resident?

6. What can be done about a resident's medication when the resident leaves the facility?

May be photocopied for student use.

OBJECTIVE 9

List common side effects of medications. Write one side effect for each medication in the space provided.

CARDIAC AND CIRCULATORY SYSTEM MEDICATIONS

Digitalis Glycosides

Nitrates

DIURETICS

PSYCHOTROPICS

Tricyclic antidepressants

MAO inhibitors

Antipsychotic agents

ANTICONVULSANTS

ANTIARTHRITIC AND ANTIGOUT AGENTS

May be photocopied for student use.

NEW MEDICATIONS

Prozac®

Colestid® and Questran®

Mevacor®

Ansaid®

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OBJECTIVE 10

Interpret common abbreviations and symbols used in medication administration. Write the meaning of the symbol in the space provided.

1. OD ____________
2. bid ____________
3. DC ____________
4. NKA ____________
5. OU ____________
6. PRN ____________
7. qd ____________
8. qh ____________
9. R ____________
10. < ____________
11. VS ____________
12. stat ____________
13. tid ____________
14. supp ____________
15. SL ____________

May be photocopied for student use.

OBJECTIVE 11 **Select from a list requirements for properly storing and handling medications.** Place an "X" if front of each correct statement.

_____ 1. Take note of the expiration date on all medications.

_____ 2. Store all medications together.

_____ 3. Refrigerate insulin, liquid antibiotics and suppositories.

_____ 4. Lock all medications and double-lock narcotics.

_____ 5. Keep medications of all residents together.

_____ 6. Store medications applied externally separately from medications taken internally.

_____ 7. Keep a bulk supply of medications on hand.

_____ 8. Do NOT store medications with non-drug items.

_____ 9. Do NOT administer to any resident the prescribed or over-the-counter medication of another person.

_____ 10. Keep all medications in their original containers showing the resident's first and last name.

OBJECTIVE 12 **List guidelines for preventing the spread of blood-borne pathogens.** Write four guidelines in the space provided.

1. ____

____

2. ____

____

3. ____

____

4. ____

____

May be photocopied for student use.

OBJECTIVE 13

List information about seizures. Write the information in the space provided.

List the two classifications of seizures.

1. ______________________________
2. ______________________________

List three causes of seizures.

1. ______________________________
2. ______________________________
3. ______________________________

List three factors that tend to stimulate or precipitate seizures.

1. ______________________________
2. ______________________________
3. ______________________________

List three factors to watch for, observe and document.

1. ______________________________
2. ______________________________
3. ______________________________

List three things to do when a person is having a seizure.

1. ______________________________
2. ______________________________
3. ______________________________

NOTE: Objectives 14–23 are Job Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

May be photocopied for student use.

LAP SHEET

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

Check the following blanks as you complete each step.

1. **Read** ___ Introduction, Unit Objective and Specific Objectives.
2. **Study** ___ Information Sheets, Objective(s) 1-6. Illustrations from the Transparency Masters appear in your Information Sheets.
3. **Do** ___ Assignment Sheet 1, "Distinguish between objective and subjective documentation."
4. **Stop** ___ Have instructor evaluate completed assignment sheet. If evaluation is satisfactory, continue to step 5. If evaluation is unsatisfactory, repeat step 3.
5. **Do** ___ Assignment Sheet 2, "Document scenarios in resident care."
6. **Stop** ___ Have instructor evaluate completed assignment sheet. If evaluation is satisfactory, continue to step 7. If evaluation is unsatisfactory, repeat step 5.
7. **Ask** ___ Instructor for test on Unit 3 - Document Medication Administration and Resident Care. If your score is 85 percent or above, proceed to the next Learning Activity Packet (LAP) Sheet. If your score is below 85 percent, ask your instructor for directions and/or optional learning activities which meet your learning style needs.

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SAMPLE DOCUMENTATION FORM

(side 1)

Resident | Admission Number | Home Number

Attending Physician | Phone Number | Admission Date | Current Date

Allergies | Diet

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

May be photocopied for student use.

SAMPLE DOCUMENTATION FORM

(side 2)

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: _____ BLOOD PRESSURE: _____

May be photocopied for student use.

SAMPLE COMPLETED DOCUMENTATION FORM

(side 1)

Resident John Smith
Admission Number #14031
Home Number 555-4878
Attending Physician Dr. Jones
Phone Number 555-4400
Admission Date 7-30-93
Current Date 8-1-93
Allergies NKA
Diet General

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dolobid 250mg	8^{00} AM								→	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD											
one tablet by	2^{00} PM								→	JD	JD	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC											
mouth three	8^{00} PM								→	JD	JD	PC	AB	AB	AB	AB	AB	AB	AB	AB	AB											
times a day																																
Inderal 40mg	8^{00} AM					→	JD	JD	JD	JD	JD	JD	AB	AB	AB	AB	AB	AB	AB	AB	JD											
one capsule													~~CJ~~ ERROR																			
by mouth	8^{00} PM					→	JD	PC	PC	PC	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ											
twice a day																																
Halcion 0.125mg																																
one tablet by																																
mouth at																																
bed time	10^{00} PM	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ											
Bactrim 80mg	8^{00} AM										→	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	←										
two tablets																																
by mouth	8^{00} PM										→	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	←										
q̄ 12 hrs for 10 days only																																
Tylenol 500mg	P																															
two tablets or	R																															
Capsules by	N			CJ																												
mouth P.R.N. pain																																

8-12-93 Charted wrong space. CJ

May be photocopied for student use.

SAMPLE COMPLETED DOCUMENTATION FORM

(side 2)

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1	JD	Jane Doe M.A.T.	8		
2	CJ	Carla Jones M.A.T.	9		
3	AB	Alice Brown M.A.T.	10		
4	PC	Paul Coats M.A.T.	11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE
8/3	9 PM	Tylenol 500 mg	orally	headache	good - sleeping	10 PM	Carla Jones M.A.T.
		two tablets					

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: _____ BLOOD PRESSURE: _____

May be photocopied for student use.

ALTERNATE DOCUMENTATION FORM

(side 1)

Resident
Admission Number
Home Number

Attending Physician
Phone Number
Admission Date
Current Date

Allergies
Diet

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

H = HOME
W= WORK

Medication Count

DATE ________ TIME ________ AMOUNT ________
DATE ________ TIME ________ AMOUNT ________
DATE ________ TIME ________ AMOUNT ________
DATE ________ TIME ________ AMOUNT ________

May be photocopied for student use.

ALTERNATE DOCUMENTATION FORM

(side 2)

PRN's:

Staff	P.R.N.	Amount	Date	Time	Symptom(s)	Result & Time

Staff Names/Initials

May be photocopied for student use.

WRITTEN TEST	DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE	3

Name ______________________________ Score ________

OBJECTIVE 1

Explain purposes of documentation. Write a short paragraph explaining the purposes of documentation.

OBJECTIVE 2

Explain the legal importance of documenting. Write a short paragraph explaining the legal importance of documenting.

May be photocopied for student use.

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OBJECTIVE 3 **List basic information to be documented.** List any six (6) of the items to be documented.

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

OBJECTIVE 4 **Select from a list general rules for documenting.** Place an "X" in front of the correct statements.

_____ 1. Document anything left out of an earlier entry as an addition to the earlier entry.

_____ 2. Use only the standard abbreviations approved at your facility.

_____ 3. Document the administration of medication within one hour.

_____ 4. If you make a mistake on a fo[illegible] erase it and write in the correct entry.

_____ 5. Document your own actions only.

_____ 6. Use correct spelling, grammar and punctuation.

_____ 7. Skip lines so that the forms are easier to read.

_____ 8. Be specific when documenting information.

_____ 9. If a task is done daily, document the entire week ahead of time.

_____ 10. Complete the information required at your facility.

May be photocopied for student use.

OBJECTIVE 5 **Select from a list common mistakes in documenting.** Place an "X" in front of the correct statements.

_____ 1. Documenting information after you have completed the task

_____ 2. Forgetting to document information

_____ 3. Signing improperly

_____ 4. Recording only facts

_____ 5. Using the wrong abbreviations

_____ 6. Recording too much information

_____ 7. Writing poorly

_____ 8. Not erasing incorrect information

_____ 9. Documenting information outside of required time period

_____ 10. Failing to be specific

OBJECTIVE 6 **List information that should be known when documenting medication effects.** Write the information in the space provided.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

NOTE: Objectives 7 and 8 are Assignment Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

May be photocopied for student use.

LAP SHEET

OBTAIN VITAL SIGNS

4

Check the following blanks as you complete each step.

1. **Read** ___ Introduction, Unit Objectives and Specific Objectives.
2. **Study** ___ Information Sheets, Objective(s) 1-7. Illustrations from the Transparency Masters appear in your Information Sheets.
3. **Do** ___ Assignment Sheet 1, "Read a mercury thermometer."
4. **Stop** ___ Have instructor evaluate completed Assignment Sheet. If evaluation is satisfactory, continue to step 5. If evaluation is unsatisfactory, repeat step 3.
5. **Do** ___ Assignment Sheet 2, "Read a sphygmomanometer gauge."
6. **Stop** ___ Have instructor evaluate completed Assignment Sheet. If evaluation is satisfactory, continue to step 7. If evaluation is unsatisfactory, repeat step 5.
7. **Ask** ___ Instructor to demonstrate procedure **Clean a mercury thermometer** for you. Use Job Sheet 1, "Clean a mercury thermometer," to follow along.
8. **Practice** ___ Procedure demonstrated in step 7 using Job Sheet 1.
9. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 1. If satisfactory, continue to step 10. If unsatisfactory, practice procedure in Job Sheet 1 and have instructor reevaluate your performance.
10. **Ask** ___ Instructor to demonstrate procedure **Shake down a mercury thermometer** for you. Use Job Sheet 2, "Shake down a mercury thermometer," to follow along.
11. **Practice** ___ Procedure demonstrated in step 10 using Job Sheet 2.

May be photocopied for student use.

12. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 2. If satisfactory, continue to step 13. If unsatisfactory, practice procedure in Job Sheet 2 and have instructor reevaluate performance.

13. **Ask** ___ Instructor to demonstrate procedure **Take an oral temperature using a mercury thermometer** for you. Use Job Sheet 3, "Take an oral temperature using a mercury thermometer," to follow along.

14. **Practice** ___ Procedure demonstrated in step 13 using Job Sheet 3.

15. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 3. If satisfactory, continue to step 16. If unsatisfactory, practice procedure in Job Sheet 3 and have instructor reevaluate performance.

16. **Ask** ___ Instructor to demonstrate procedure **Take a temperature using an electronic thermometer** for you. Use Job Sheet 4, "Take a temperature using an electronic thermometer," to follow along.

17. **Practice** ___ Procedure demonstrated in step 16 using Job Sheet 4.

18. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 4. If satisfactory, continue to step 19. If unsatisfactory, practice procedure in Job Sheet 4 and have instructor reevaluate performance.

19. **Ask** ___ Instructor to demonstrate procedure **Take a rectal temperature using a mercury thermometer** for you. Use Job Sheet 5 to follow along.

20. **Practice** ___ Procedure demonstrated in step 19 using Job Sheet 5.

21. **Stop** ___ Have instructor evaluate your performance of procedure in Job Sheet 5. If satisfactory, continue to step 22. If unsatisfactory, practice procedure in Job Sheet 5 and have instructor reevaluate performance.

22. **Ask** ___ Instructor to demonstrate procedure **Take an axillary temperature using a mercury thermometer** for you. Use Job Sheet 6, "Take an axillary temperature using a mercury thermometer," to follow along.

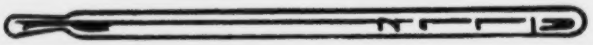
23. **Practice** ___ Procedure demonstrated in step 22 using Job Sheet 6.

May be photocopied for student use.

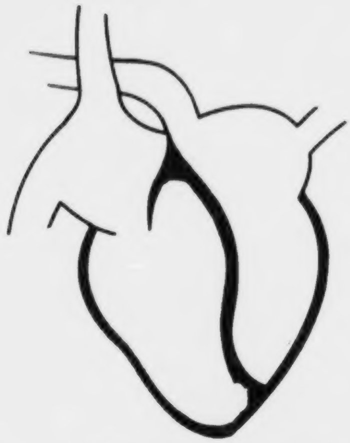
24.	**Stop**	___	Have instructor evaluate your performance of procedure in Job Sheet 6. If satisfactory, continue to step 25. If unsatisfactory, practice procedure in Job Sheet 6 and have instructor reevaluate performance.
25.	**Ask**	___	Instructor to demonstrate procedure **Take a radial pulse rate and respiratory rate** for you. Use Job Sheet 7, "Take a radial pulse rate and respiratory rate," to follow along.
26.	**Practice**	___	Procedure demonstrated in step 25 using Job Sheet 7.
27.	**Stop**	___	Have instructor evaluate your performance of procedure in Job Sheet 7. If satisfactory, continue to step 28. If unsatisfactory, practice procedure in Job Sheet 7 and have instructor reevaluate performance.
28.	**Ask**	___	Instructor to demonstrate procedure **Take blood pressure** for you. Use Job Sheet 8, "Take blood pressure," to follow along.
29.	**Practice**	___	Procedure demonstrated in step 28 using Job Sheet 8.
30.	**Stop**	___	Have instructor evaluate your performance of procedure in Job Sheet 8. If satisfactory, continue to step 31. If unsatisfactory, practice procedure in Job Sheet 8 and have instructor reevaluate performance.
31.	**Ask**	___	Instructor for test on Unit 4 - Obtain Vital Signs. If your score is 85 percent or above, proceed to the next Learning Activity Packet (LAP). If your score is below 85 percent, ask your instructor for directions and/or optional learning activities which meet your learning style needs.

May be photocopied for student use.

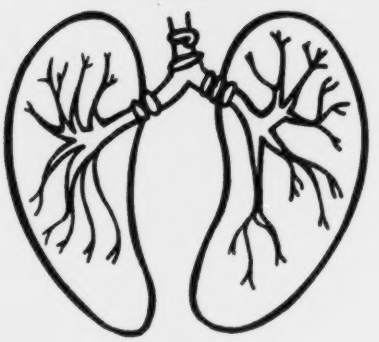
THE VITAL SIGNS



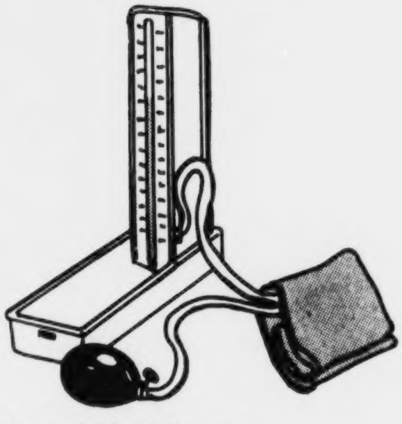
Temperature (T)
How much heat is in the body



Pulse (P)
How fast the heart beats



Respiration (R)
How often a person breathes in and out, and how the breathing sounds



Blood Pressure (BP)
How much effort the heart is exerting the circulate the blood

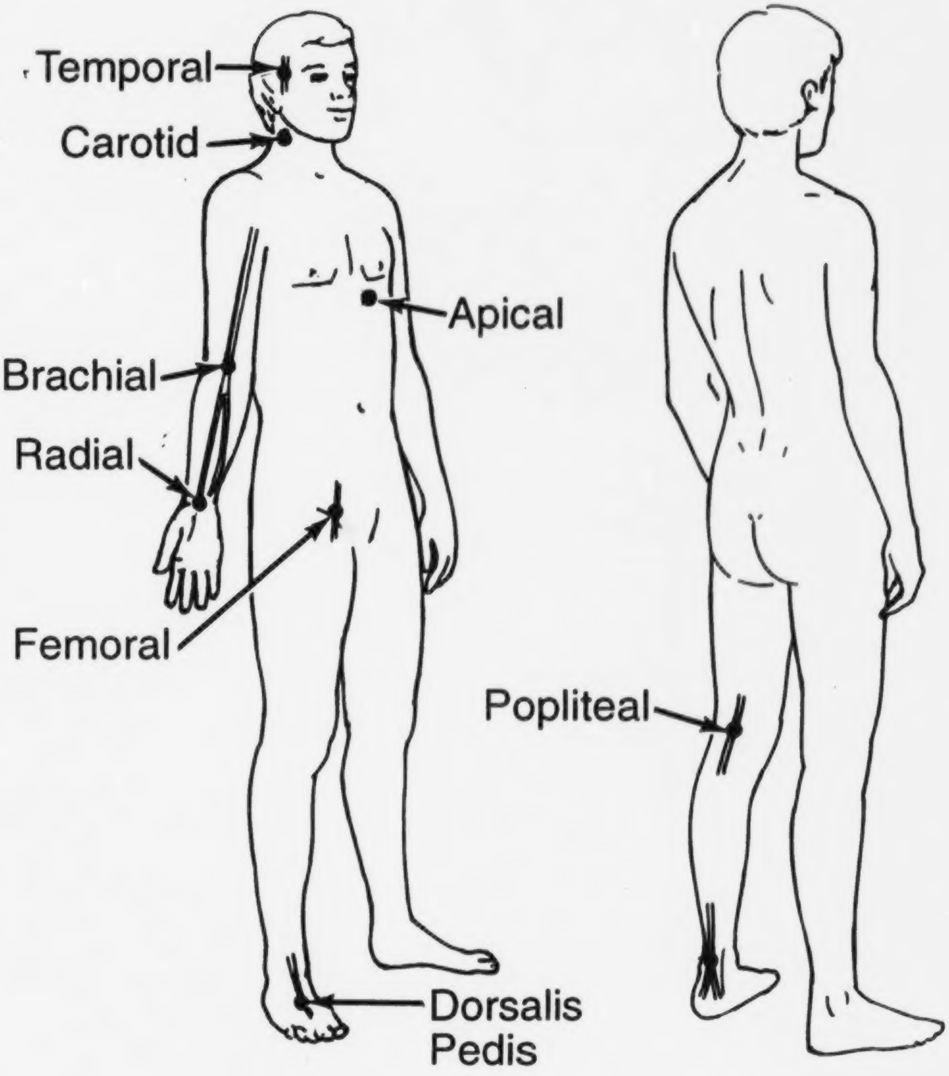
May be photocopied for student use.

TEMPERATURE SCALES

C CENTIGRADE (Celsius)	F FAHRENHEIT
100°	212°
37°	98.6°
0°	32°

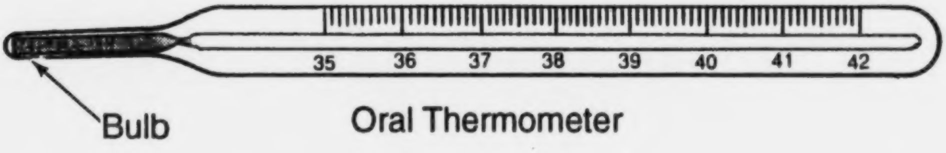
May be photocopied for student use.

PULSE POINTS

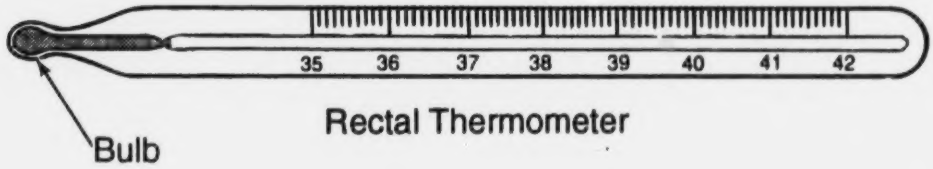

Temporal
Carotid
Apical
Brachial
Radial
Femoral
Popliteal
Dorsalis Pedis

May be photocopied for student use.

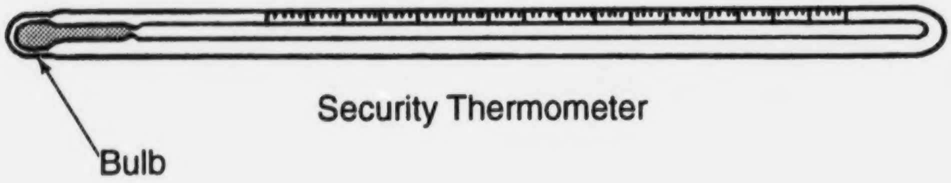
GLASS MERCURY THERMOMETERS


35
36
37
38
39
40
41
42
Bulb

Oral Thermometer


35
36
37
38
39
40
41
42
Bulb

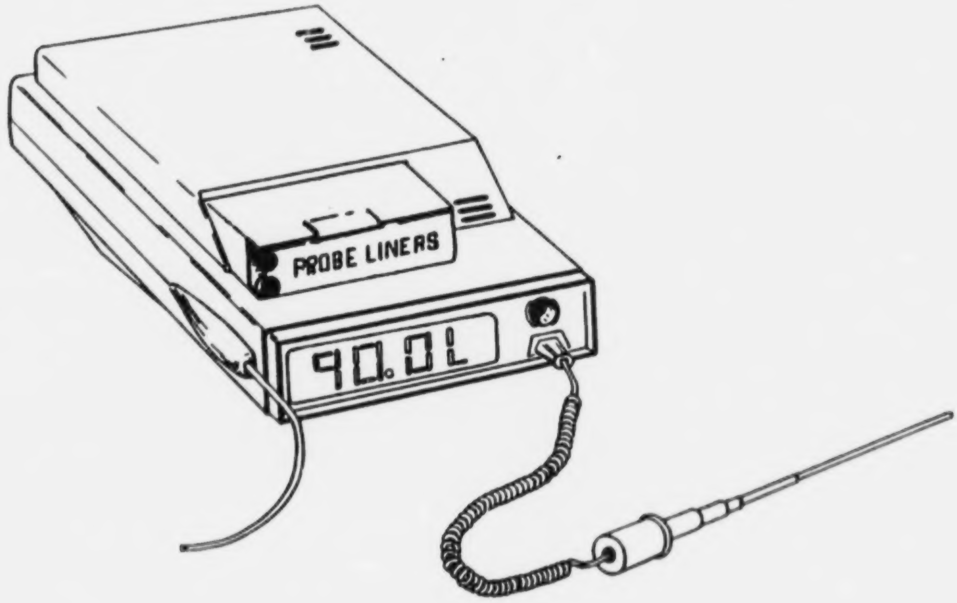
Rectal Thermometer



Security Thermometer

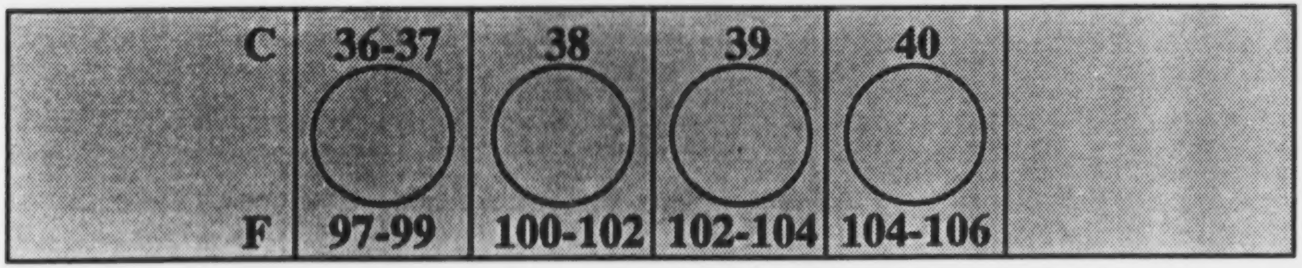
May be photocopied for student use.

ELECTRONIC THERMOMETER



May be photocopied for student use.

FOREHEAD STRIP

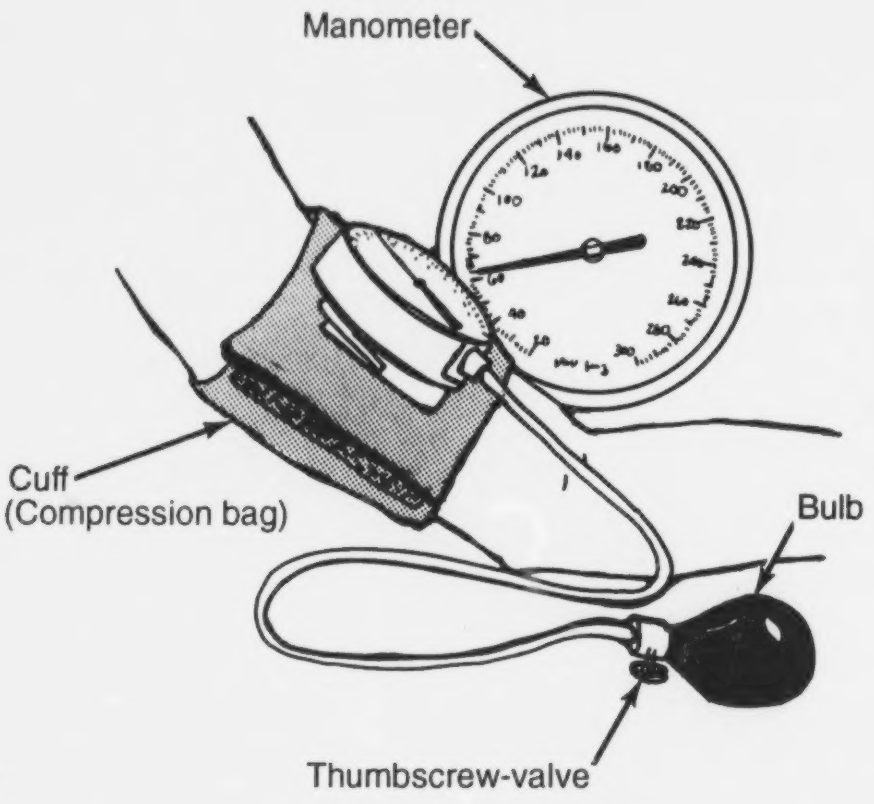

C
36-37
38
39
40
F
97-99
100-102
102-104
104-106

May be photocopied for student use.

INSTRUCTOR'S RESOURCE PACKAGE - Medication Administration Technician
TRANSPARENCY MASTER 6 - **CIMC** - 4 - 15

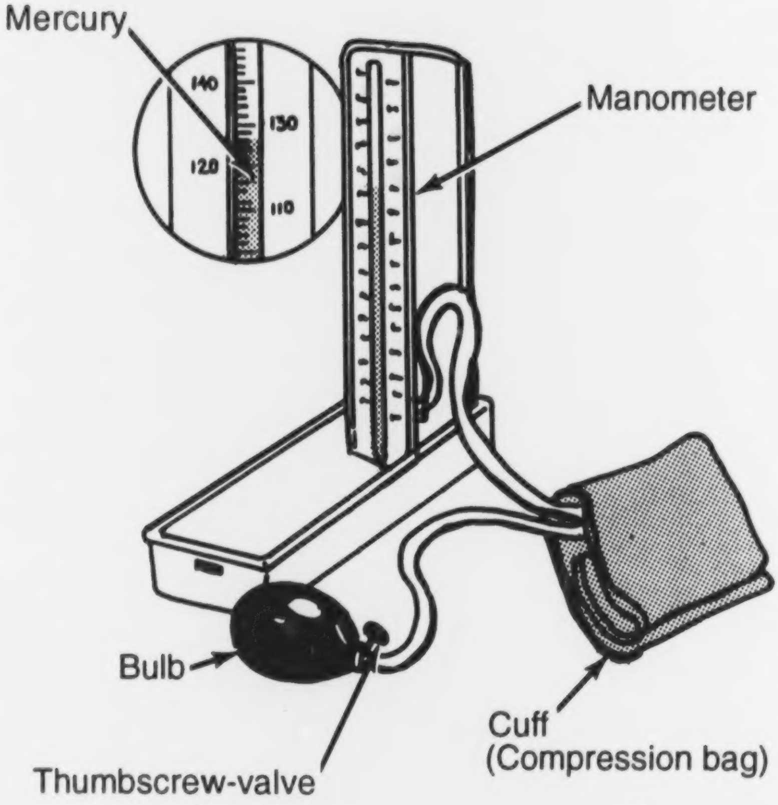
TM 6

ANEROID SPHYGMOMANOMETER


Manometer
Cuff
(Compression bag)
Bulb
Thumbscrew-valve

May be photocopied for student use.

MERCURY SPHYGMOMANOMETER


Mercury
140
130
120
110
Manometer
Bulb
Thumbscrew-valve
Cuff
(Compression bag)

May be photocopied for student use.

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WRITTEN TEST

OBTAIN VITAL SIGNS

4

Name ______________________ Score ________

OBJECTIVE 1

Define the vital signs. Write the definition of each item in the space provided.

1. ____
____

2. ____
____

3. ____
____

4. ____
____

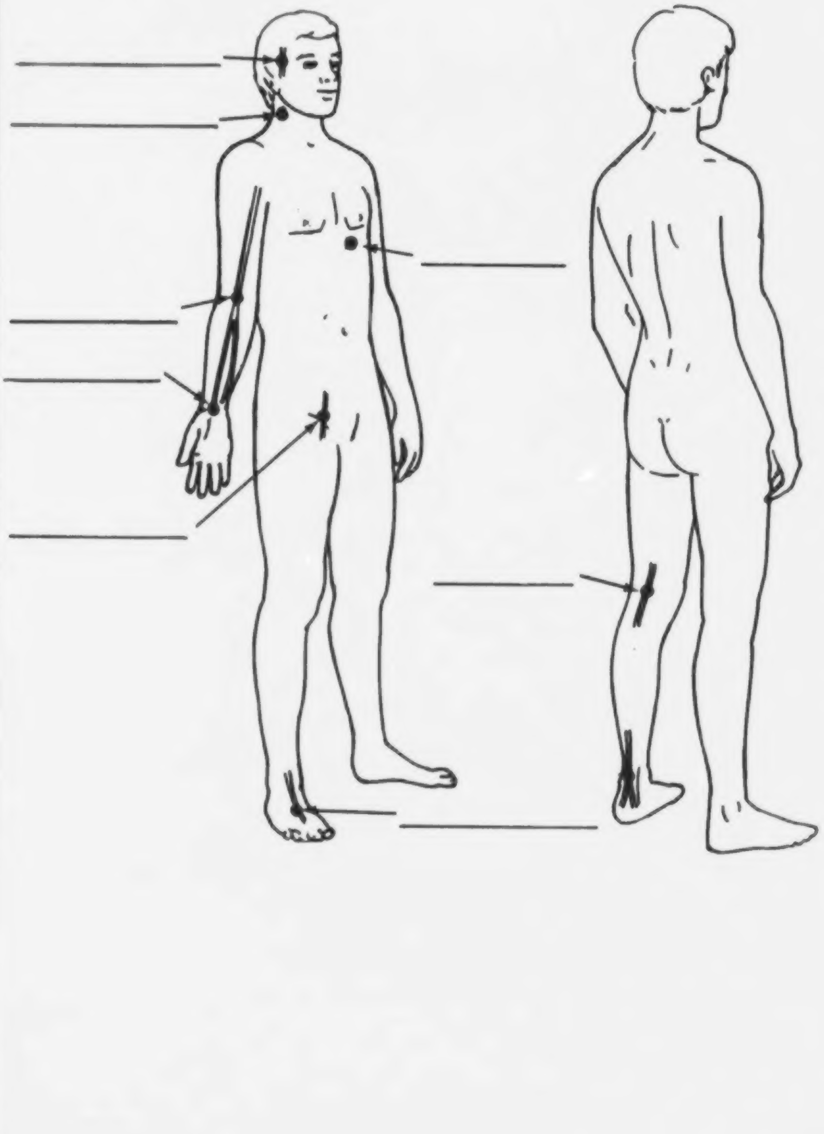
OBJECTIVE 2

Write the symbols for documenting vital signs. Write the correct symbol in each blank.

1. Blood pressure = ________
2. Centigrade/Celsius = ________
3. Degrees = ________
4. Fahrenheit = ________
5. Pulse = ________
6. Respiration = ________
7. Temperature = ________

May be photocopied for student use.

OBJECTIVE 3 **Locate the pulse points on the human body.** Write the name of each pulse point in the correct blank.



May be photocopied for student use.

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OBJECTIVE 4

Define the items that describe a pulse. Write the definition of each item in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________

OBJECTIVE 5

Define the items that describe respiration. Write the definition of each item in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________

OBJECTIVE 6

List the normal ranges of vital sign readings. Write the readings in the spaces provided.

1. Oral temperature:

   __________ Fahrenheit

   __________ Centigrade

2. Rectal temperature:

   __________ Fahrenheit

   __________ Centigrade

3. Axillary temperature:

   __________ Fahrenheit

   __________ Centigrade

4. Pulse: ______________________________
5. Respiration: ______________________________
6. Blood pressure:

   __________ Systolic

   __________ Diastolic

May be photocopied for student use.

OBJECTIVE 7

Identify the impact of factors affecting vital sign readings.
Write the following symbols in each blank, as appropriate.

+ = possible increased or higher reading
- = possible decreased or lower reading
+/- = both increase or decrease possible

TEMPERATURE

_____ 1. Chewing before an oral temperature is taken

_____ 2. Strong emotions

_____ 3. Exercise and digestive processes

_____ 4. External environment

_____ 5. Foods and liquids

_____ 6. Smoking

_____ 7. Illness

_____ 8. Mouth breathing (impact on an oral temperature)

_____ 9. Mid-afternoon

PULSE AND RESPIRATORY READINGS

_____ 10. Emotions

_____ 11. Stimulants

_____ 12. Illness

_____ 13. Exercise

_____ 14. Pregnancy

_____ 15. Obesity

May be photocopied for student use.

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BLOOD PRESSURE READINGS

_____ 16. High body temperature

_____ 17. Emotions

_____ 18. Food

_____ 19. Medications

_____ 20. Smoking

NOTE: Objectives 8-17 are Assignment Sheets and Job Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

May be photocopied for student use.

Medication Administration Technician

Test Package

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Oklahoma Department of Vocational and Technical Education

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Curriculum and Instructional Materials Center

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EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

Name ______________________ Score ________

OBJECTIVE 1

List basic responsibilities of the MAT. Write the responsibilities in the space provided.

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

OBJECTIVE 2

List standards of care guiding the actions of the MAT. Write the standards in the space provided.

1. ______________________
2. ______________________
3. ______________________
4. ______________________

May be photocopied for student use.

OBJECTIVE 3

Select from a list the rights and responsibilities of a resident. Place an "X" in front of the correct statements.

_____ 1. Communicate and consult privately with a physician, attorney, or any other person

_____ 2. Receive medication and treatment even if a resident has not given informed consent

_____ 3. Receive courteous and respectful care and treatment

_____ 4. Have decisions regarding their financial affairs, medical treatment and family affairs made for them

_____ 5. Receive a statement of the facility's regulations and an explanation of the resident's responsibility to obey

_____ 6. Always have a staff member present when a person visits the resident

_____ 7. Exercise civil and religious liberties including the right to independent personal decisions and knowledge of available choices

_____ 8. Present grievances on behalf of himself/herself without fear of reprisal

_____ 9. Have the staff read and sort through all correspondence of the resident

_____ 10. Have privacy for spousal visits

OBJECTIVE 4

List types of information requiring confidentiality. Write the types of information in the space provided.

1. ______________________________________

____

2. ______________________________________

____

3. ______________________________________

____

May be photocopied for student use.

OBJECTIVE 5 **Select from a list guidelines for maintaining the confidentiality of privileged information.** Place an "X" in front of the correct statements.

_____ 1. Be sensitive to each resident's need for privacy and dignity.

_____ 2. Keep resident records in the resident's room where they are easily accessible.

_____ 3. Allow only those persons authorized by the residential care home/group home to have access to resident records.

_____ 4. Consent does not need to be obtained if routine medical treatments of a resident are being discussed.

_____ 5. Keep the contents of all records confidential.

OBJECTIVE 6 **Describe types of wrongful actions for which the MAT may be held liable.** Write the descriptions in the space provided.

1. Assault – ______________________________________

____

____

2. Battery – ______________________________________

____

____

3. False imprisonment – ______________________________

____

____

____

May be photocopied for student use.

4. Intentionally inflicting emotional distress –______________________

____

____

____

5. Invasion of privacy –__________________________

____

____

____

6. Negligence –______________________________

____

____

____

OBJECTIVE 7 **Discuss legal requirements for reporting abuse or neglect of a resident.** Write the correct answers in the blanks.

1. The residential care/group home is ______________ responsible for reporting cases of abuse or neglect.
2. Any person who knowingly and willfully fails to promptly report any abuse or neglect, upon conviction, is guilty of a ______________.
3. The residential care/group home must have a ______________ policy statement that expressly prohibits the abuse or neglect of a resident.
4. The MAT has both a ______________ and ______________ responsibility to report cases of abuse and neglect.
5. Cases of abuse or neglect are reported to the ________________ and the ________________.

May be photocopied for student use.

OBJECTIVE 8 **Explain the legal significance of a controlled substance.** Write a short paragraph explaining the legal significance of a controlled substance.

____

____

____

____

____

OBJECTIVE 9 **Select from a list guidelines for meeting legal responsibilities of the MAT.** Place an "X" in front of the correct statements.

_____ 1. Follow regulations developed by the State Department of Health when making decisions about how to deal with the residents at your facility.

_____ 2. Follow all guidelines for documenting the administration of medications.

_____ 3. Read and follow your job description.

_____ 4. Share privileged information if you believe the person should know the information.

_____ 5. Do not report suspected cases of abuse or neglect until another staff member supports your allegations.

_____ 6. Read and follow your training manual.

_____ 7. Document information only if you believe it is important.

_____ 8. Learn procedures and regulations as you perform your duties.

_____ 9. Know the procedures for storing, administering, documenting and disposing of the controlled drugs at your facility.

_____ 10. Dispose of controlled substances just as you would any other trash.

May be photocopied for student use.

OBJECTIVE 10 **Select from a list guidelines for meeting ethical responsibilities of the MAT.** Place an "X" in front of the correct statements.

_____ 1. Perform your duties to the best of your ability.

_____ 2. Do NOT perform duties for which you are not adequately trained.

_____ 3. Respect other employees where you work.

_____ 4. Perform duties even if you are not adequately trained.

_____ 5. Consider your needs to be most important when performing your duties.

_____ 6. Do NOT perform duties that are not within the training and certification of the MAT.

_____ 7. Keep privileged information confidential.

_____ 8. Always consider the resident's needs to be important.

_____ 9. Perform the minimum quality and amount of work to keep employment.

_____ 10. Respect the rights and privacy of each resident.

NOTE: Objective 11 is evaluated on the completion of the Assignment Sheet in this unit. If the Assignment Sheet has not been completed, check with your instructor. Unit objectives have not been met until this component has been completed.

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WRITTEN TEST

ADMINISTER MEDICATION

Name ______________________________ Score ________

OBJECTIVE 1

Name the seven rights of medication administration. List the rights in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________

OBJECTIVE 2

State purposes of medication. Write the purposes in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

OBJECTIVE 3

State the checkpoints for verifying a medication during preparation. Write the checkpoints in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________

May be photocopied for student use.

OBJECTIVE 4 **Classify forms of medications by their route of administration.** Place an "O" in front of oral medications, and "R" in front of rectal medications, a "T" in front of topical medications, an "M" in front of mucosal medications, and an "I" in front of inhalant medications.

_____ 1. Spray

_____ 2. Sublingual tablet

_____ 3. Suspension

_____ 4. Lozenge

_____ 5. Eye, ear, and nose drops

_____ 6. Emulsion

_____ 7. Suppository

_____ 8. Liniment

_____ 9. Capsule

_____ 10. Enema solution

_____ 11. Buccal tablet

_____ 12. Gas

_____ 13. Vaginal cream

_____ 14. Ointment

_____ 15. Tablet

May be photocopied for student use.

OBJECTIVE 5

Explain factors affecting drug metabolism. Explain five factors which may affect drug metabolism.

1. ____

2. ____

3. ____

4. ____

5. ____

OBJECTIVE 6

Match common classifications of drugs to their actions. Write the correct letter in front of each statement.

_____ 1. Destroys bacteria

_____ 2. Acts upon the central nervous system

_____ 3. Destroys rapidly growing body cells

_____ 4. Relieves pain

_____ 5. Acts directly on the heart

_____ 6. Neutralizes acids

_____ 7. Reduces temperatures

_____ 8. Induces vomiting

_____ 9. Reduce the clotting ability of blood

a. analgesic
b. anesthetic
c. antacid
d. antibiotic
e. anticoagulant
f. anticonvulsant
g. antineoplastic
h. antipyretic
i. buccal
j. cardiovascular
k. diuretic
l. emetic
m. hormone
n. laxative
o. oral
p. psychotropic
q. sublingual
r. suppository
s. topical

May be photocopied for student use.

_____ 10. Produces loss of feeling

_____ 11. Prevent or stop convulsions

_____ 12. Increases the output of urine

_____ 13. Stimulates by chemical action an increase in function or secretions

_____ 14. Soften the stool

OBJECTIVE 7

Select from a list guidelines for administering medication. Place an "X" in front of each correct statement.

ALL MEDICATIONS

_____ 1. Wear protective equipment, if necessary.

_____ 2. Assume the resident already knows the procedure.

_____ 3. Verify the rights of medication administration.

_____ 4. Provide privacy, if appropriate.

ORAL MEDICATIONS

_____ 5. Always crush the medication.

_____ 6. Avoid touching the medication, if possible.

_____ 7. When administering liquid medication, place the medicine cup at eye level with the prescription label on the bottle turned toward the palm of your hand.

EYE MEDICATIONS

_____ 8. Administer drops (solutions) and ointments at temperatures below 65° F.

_____ 9. Determine the correct site for the medication.

May be photocopied for student use.

EAR MEDICATIONS

_____ 10. Before administering the drops, ask the resident if he/she has cleaned the ear.

_____ 11. Administer the medication at room temperature.

NASAL MEDICATIONS

_____ 12. Administer sprays with the resident's head erect and with both nostrils blocked.

_____ 13. Before administering a spray, shake the spray and hold the bottle upright.

_____ 14. Administer drops with the resident's head tilted down toward the chest.

BUCCAL/SUBLINGUAL MEDICATIONS

_____ 15. Place the medication between the cheek and the gum (buccal).

_____ 16. Wait until the medication is completely dissolved before allowing the resident to have any food or drink.

TOPICAL MEDICATIONS

_____ 17. Rub liquids onto the skin.

_____ 18. Blow powders onto the skin from the dispensing container.

RECTAL SUPPOSITORY

_____ 19. Remove suppositories from their foil packs before you enter the resident's room.

_____ 20. Have the resident lay on the stomach.

_____ 21. Lubricate the suppository before inserting it into the rectum.

VAGINAL MEDICATIONS

_____ 22. Be sure that the resident's bladder is empty.

_____ 23. Be sure that the resident remains lying down for several minutes.

May be photocopied for student use.

OBJECTIVE 8

Answer questions about the self-administration of medication. Write a short answer to each question in the blanks provided.

1. With whom should the resident's capability of self-administering medication be verified?

2. What should the MAT follow when assisting residents in the self-administration of medication?

3. What safety precautions should the MAT discuss with the resident?

4. What should the MAT do if a resident refuses to take his or her medication?

5. What three things should the MAT do when assisting in medication administration? Which of these may be done by the resident?

6. What can be done about a resident's medication when the resident leaves the facility?

May be photocopied for student use.

OBJECTIVE 9

List common side effects of medications. Write one side effect for each medication in the space provided.

CARDIAC AND CIRCULATORY SYSTEM MEDICATIONS

Digitalis Glycosides

Nitrates

DIURETICS

PSYCHOTROPICS

Tricyclic antidepressants

MAO inhibitors

Antipsychotic agents

ANTICONVULSANTS

ANTIARTHRITIC AND ANTIGOUT AGENTS

May be photocopied for student use.

NEW MEDICATIONS

Prozac®

Colestid® and Questran®

Mevacor®

Ansaid®

May be photocopied for student use.

OBJECTIVE 10

Interpret common abbreviations and symbols used in medication administration. Write the meaning of the symbol in the space provided.

1. OD ____________
2. bid ____________
3. DC ____________
4. NKA ____________
5. OU ____________
6. PRN ____________
7. qd ____________
8. qh ____________
9. R ____________
10. < ____________
11. VS ____________
12. stat ____________
13. tid ____________
14. supp ____________
15. SL ____________

May be photocopied for student use

OBJECTIVE 11

Select from a list requirements for properly storing and handling medications. Place an "X" if front of each correct statement.

_____ 1. Take note of the expiration date on all medications.

_____ 2. Store all medications together.

_____ 3. Refrigerate insulin, liquid antibiotics and suppositories.

_____ 4. Lock all medications and double-lock narcotics.

_____ 5. Keep medications of all residents together.

_____ 6. Store medications applied externally separately from medications taken internally.

_____ 7. Keep a bulk supply of medications on hand.

_____ 8. Do NOT store medications with non-drug items.

_____ 9. Do NOT administer to any resident the prescribed or over-the-counter medication of another person.

_____ 10. Keep all medications in their original containers showing the resident's first and last name.

OBJECTIVE 12

List guidelines for preventing the spread of blood-borne pathogens. Write four guidelines in the space provided.

1. ____
____

2. ____
____

3. ____
____

4. ____
____

May be photocopied for student use.

OBJECTIVE 13 **List information about seizures.** Write the information in the space provided.

List the two classifications of seizures.

1. ______________________________

2. ______________________________

List three causes of seizures.

1. ______________________________

2. ______________________________

3. ______________________________

List three factors that tend to stimulate or precipitate seizures.

1. ______________________________

2. ______________________________

3. ______________________________

List three factors to watch for, observe and document.

1. ______________________________

2. ______________________________

3. ______________________________

List three things to do when a person is having a seizure.

1. ______________________________

2. ______________________________

3. ______________________________

NOTE: Objectives 14–23 are Job Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

Name ______________________________ Score ________

OBJECTIVE 1

Explain purposes of documentation. Write a short paragraph explaining the purposes of documentation.

OBJECTIVE 2

Explain the legal importance of documenting. Write a short paragraph explaining the legal importance of documenting.

May be photocopied for student use.

OBJECTIVE 3 **List basic information to be documented.** List any six (6) of the items to be documented.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

OBJECTIVE 4 **Select from a list general rules for documenting.** Place an "X" in front of the correct statements.

_____ 1. Document anything left out of an earlier entry as an addition to the earlier entry.

_____ 2. Use only the standard abbreviations approved at your facility.

_____ 3. Document the administration of medication within one hour.

_____ 4. If you make a mistake on a form, erase it and write in the correct entry.

_____ 5. Document your own actions only.

_____ 6. Use correct spelling, grammar and punctuation.

_____ 7. Skip lines so that the forms are easier to read.

_____ 8. Be specific when documenting information.

_____ 9. If a task is done daily, document the entire week ahead of time.

_____ 10. Complete the information required at your facility.

May be photocopied for student use.

OBJECTIVE 5 **Select from a list common mistakes in documenting.** Place an "X" in front of the correct statements.

_____ 1. Documenting information after you have completed the task

_____ 2. Forgetting to document information

_____ 3. Signing improperly

_____ 4. Recording only facts

_____ 5. Using the wrong abbreviations

_____ 6. Recording too much information

_____ 7. Writing poorly

_____ 8. Not erasing incorrect information

_____ 9. Documenting information outside of required time period

_____ 10. Failing to be specific

OBJECTIVE 6 **List information that should be known when documenting medication effects.** Write the information in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

NOTE: Objectives 7 and 8 are Assignment Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST

OBTAIN VITAL SIGNS

4

Name ______________________________ Score ________

OBJECTIVE 1

Define the vital signs. Write the definition of each item in the space provided.

1. ____
2. ____
3. ____
4. ____

OBJECTIVE 2

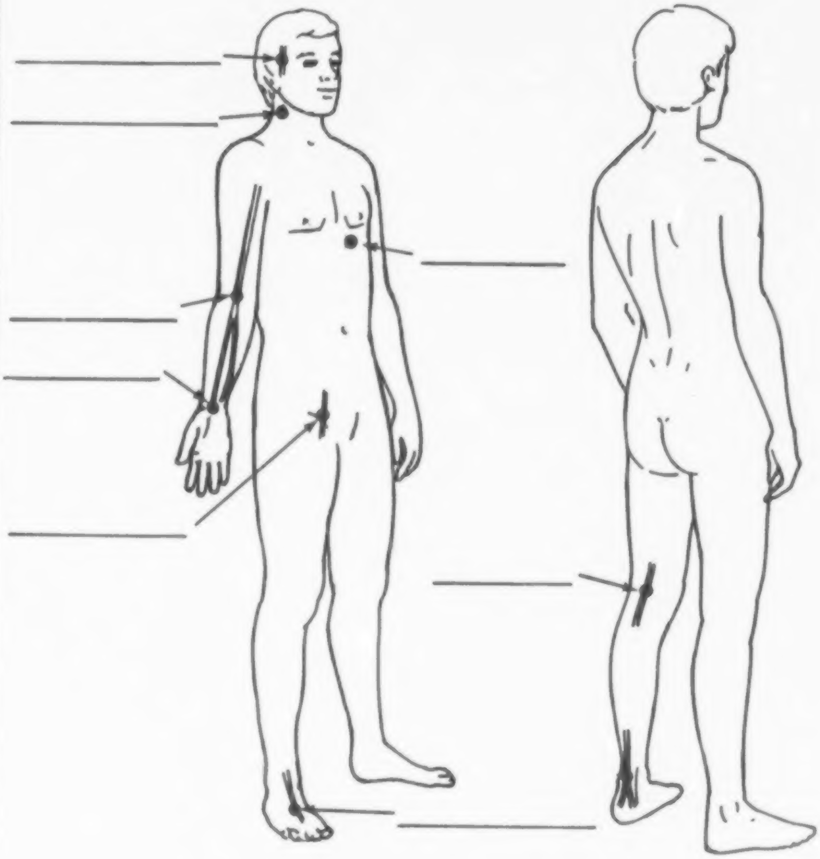
Write the symbols for documenting vital signs. Write the correct symbol in each blank.

1. Blood pressure = ________
2. Centigrade/Celsius = ________
3. Degrees = ________
4. Fahrenheit = ________
5. Pulse = ________
6. Respiration = ________
7. Temperature = ________

May be photocopied for student use.

OBJECTIVE 3

Locate the pulse points on the human body. Write the name of each pulse point in the correct blank.



May be photocopied for student use.

OBJECTIVE 4

Define the items that describe a pulse. Write the definition of each item in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________

OBJECTIVE 5

Define the items that describe respiration. Write the definition of each item in the space provided.

1. ______________________________
2. ______________________________
3. ______________________________

OBJECTIVE 6

List the normal ranges of vital sign readings. Write the readings in the spaces provided.

1. Oral temperature:

   __________ Fahrenheit

   __________ Centigrade

2. Rectal temperature:

   __________ Fahrenheit

   __________ Centigrade

3. Axillary temperature:

   __________ Fahrenheit

   __________ Centigrade

4. Pulse: ______________________________
5. Respiration: ______________________________
6. Blood pressure:

   __________ Systolic

   __________ Diastolic

May be photocopied for student use.

OBJECTIVE 7 **Identify the impact of factors affecting vital sign readings.**
Write the following symbols in each blank, as appropriate.

+ = possible increased or higher reading
- = possible decreased or lower reading
+/- = both increase or decrease possible

TEMPERATURE

_____ 1. Chewing before an oral temperature is taken

_____ 2. Strong emotions

_____ 3. Exercise and digestive processes

_____ 4. External environment

_____ 5. Foods and liquids

_____ 6. Smoking

_____ 7. Illness

_____ 8. Mouth breathing (impact on an oral temperature)

_____ 9. Mid-afternoon

PULSE AND RESPIRATORY READINGS

_____ 10. Emotions

_____ 11. Stimulants

_____ 12. Illness

_____ 13. Exercise

_____ 14. Pregnancy

_____ 15. Obesity

May be photocopied for student use.

BLOOD PRESSURE READINGS

_____ 16. High body temperature

_____ 17. Emotions

_____ 18. Food

_____ 19. Medications

_____ 20. Smoking

NOTE: Objectives 8-17 are Assignment Sheets and Job Sheets in this unit. These components are not evaluated on the Written Test. If you have not completed these components, see your instructor.

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MEDICATION ADMINISTRATION TECHNICIAN (New Edition)

CIMC

READING SKILLS

WRITIN

UNITS OF INSTRUCTION	Reading Comprehension									Research and Reference								Functional Reading						Language		Composition									
	Gain factual information	Distinguish fact, opinion and inference	Recognize stereotyping and bias	Recognize propaganda	Analyze cause and effect	Draw conclusions	Make generalizations	React to written material	Apply word analysis techniques	Select useful resources	Locate resources	Find materials in library	Use standard reference tools	Use in-book reference tools	Use audiovisual media	Use computer data base	Use magazines and newspapers	Interpret forms and records	Follow written instructions	Interpret graphics and symbols	Use content area vocabulary	Interpret abbreviations/acronyms	Read aloud	Use standard grammar and correct spelling, punctuation, and capitalization	State ideas clearly	Use complete sentences	Develop preliminary outline	Use topic sentences	Use introductory/closing paragraphs	Compose reports	Compose essays	Proofread and edit	Construct graphics and symbols	Take notes	Use notecards
Explore Professional, Ethical & Legal Issues																			●					●		●									
Administer Medication																			●																
Document Administration & Resident Care	●	●																	●		●				●										
Obtain Vital Signs																			●																

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CIMC BASIC SKILLS DOCUMENTATION MAT

WRITING SKILLS																MATH SKILLS																																			
osition				Research					Functional Writing							Operation and Calculation														Math Application											Data Analysis and Display										
Compose reports	Compose essays	Proofread and edit	Construct graphics and symbols	Take notes	Use notecards	Create bibliography	Use footnotes	Outline material	Complete forms and records	Write instructions	Write letters	Write job applications	Write resumes	Use word processing	Use computer graphics	Round off numbers	Estimate answers	Use scientific notations	Use exponential notations	Calculate with whole numbers	Calculate with fractions	Calculate with decimals	Convert whole numbers to fractions	Convert whole numbers to decimals	Solve numerical expressions	Solve formulae and equations	Obtain squares and square roots	Convert units of measure	Perform metric calculations	Solve word problems	Select/apply mathematical formula	Select/apply mathematical procedure	Use English and metric measures	Solve time/rate/distance problems	Solve ratio/proportion problems	Solve percent problems	Apply techniques of scaling	Apply algebra principles	Apply geometry principles	Apply trigonometry principles	Interpret charts and tables	Interpret graphs (type)	Collect /record data	Apply sampling techniques	Apply principles of probability	Construct charts and tables	Construct graphs	Calculate statistics	Interpret statistics	Interpret blueprints/plans	Make measurements
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TRIX

SCIENCE SKILLS

94-010402

Functional Math																General Science									Life Science							Physical Science					Earth Science							
Interpret statistics	Interpret blueprints/plans	Make measurements	Perform banking transactions	Make change	Solve practical problems	Calculate gross earnings	Solve income/expense problems	Prepare a budget	Calculate interest	Solve interest problems	Calculate sales tax	Determine income tax	Use calculator for computation	Use computer for computation	Use computer spreadsheets	Apply computing skills	Apply scientific method of inquiry	Conduct experiments	Investigate science ethics	Investigate science history	Investigate/apply economics in technology	Use scientific instruments	Investigate/apply technology	Collect specimens	Identify/classify living organisms	Investigate biological history of the earth	Investigate food chains, webs, pyramids	Investigate/apply principles of human development	Investigate/apply principles of genetics/heredity	Investigate/apply principles of anatomy/physiology	Investigate health issues	Analyze/classify matter	Investigate forms/changes of matter	Investigate forms/changes of energy	Investigate/apply chemical properties	Investigate/apply physical laws	Investigate physical characteristics of the earth	Investigate geological history of the earth	Investigate physical forces acting on the earth	Solve problems of longitude, latitude, and time zones	Investigate conservation of physical resources	Investigate conservation of living resources	Investigate issues of environmental impact	Apply science principles to environmental issues
		●																																										
		●																																										

ORAL COMMUNICATION SKILLS

INTERPERSO

	Oral Presentation									Listening				Interactive Communication										General Relating															
UNITS OF NSTRUCTION	Make informative presentations	Make persuasive presentations	Present personal opinion/viewpoint	Use good speaking techniques	Select/use words effectively	Use effective body language	Present approriate appearance	Integrate audio and/or visual materials in oral presentations	Adapt presentation to specific audience	Apply active listening skills	Distinguish fact, opinion, and inference	Draw conclusions/make generalizations	Analyze/identify point of view	Give/follow oral directions	Apply questioning techniques	Conduct/receive interviews	Analyze/apply nonverbal communication	Work effectively in a group	Communicate with clients/customers/patients	Communicate with co-workers	Communicate with supervisors	Communicate with professional colleagues/ associates	Apply telephone etiquette	Investigate/apply communication process models	Analyze/apply nonverbal communication	Investigate/apply cross-cultural communication	Interact with co-workers	Interact with supervisors	Interact with clients/customers/patients	Interact with professionalcolleagues/associates	Interact with family/friends	Participate in group activities	Participate in industrial relations/functions	Identify personal values/attitudes	Apply information to life experiences	Identify values/attitudes	Identify needs/drives	Select/apply appropriate behavior	Investigate/identify personal styles
Professional, Ethical & Legal Issues																																							
ster Medication																														●									
ent Administration & Resident Care																																							
Vital Signs																									●					●									
s line for entering your state or local or graduation requirements or outcomes.																																							

INTERPERSONAL OR RELATING SKILLS

			Teamwork Cooperation															Leadership Influence						
Participate in industrial relations/functions	Identify personal values/attitudes	Apply information to life experiences	Identify values/attitudes	Identify needs/drives	Select/apply appropriate behavior	Investigate/identify personal styles	Investigate/identify group/corporate climate	Give/receive feedback	Identify hidden purposes	Investigate/apply group dynamics	Control undesirable/inappropriate behavior	Resolve conflicts	Clarify goals/objectives	Devise "win/win" situations	Build consensus	Generate ideas	Present point of view	Analyze/apply leadership styles	Analyze/apply management styles	Obtain confidence of others	Develop esteem in self/others	Persuade others	Analyze/apply motivation techniques	Provide positive coaching

CREATIVE THINKING/ PROBLEM SOLVING SKILLS

Cognitive Activities																			
Collect/record information	Identify critical elements/issues	Define a problem	Identify underlying causes	Apply a problem-solving model	Analyze/synthesize information	Identify/analyze underlying assumptions	Draw conclusions	Predict results/outcomes	Identify/evaluate consequences	Identify/develop alternatives	Evaluate alternatives	Select an alternative	Devise a solution	Create a finished product	Apply intuitive/creative thinking processes	Transfer knowledge/training to new situations	Apply new technology	Develop an action plan	Evaluate results/outcomes
	●									●	●	●							
																●			
																●			

EMPL

Job Search Selection							
Analyze personal occupational aptitudes/preferences	Investigate employment prospects of a career field/occupation	Investigate training requirements for a career field/occupation	Investigate benefits of a career field/occupation	Compare/evaluate career options	Develop personal career path	Locate appropriate jobs	Analyze duties/requirements/benefits of

EMPLOYABILITY SKILLS

SOCIAL STUDIES SKILLS

arch tion					Job Aquisition Development														Information Analysis						Social Studies Application										Functional Social Studies														
Investigate benefits of a career field/occupation	Compare/evaluate career options	Develop personal career path	Locate appropriate jobs	Analyze duties/requirements/benefits of specific job	Master specific job task/procedure	Fill in job-related applications	Write letter of application	Write personal resume	Interview for a job	Apply business etiquette	Practice good work habits/attitudes	Develop good personal presentation	Develop self-confidence/esteem	Develop effective leadership	Deal effectively with supervisors	Deal effectively with co-workers	Deal effectively with professional colleagues/associates	Deal effectively with customers/clients	Collect/record data	Interpret graphical information	Construct graphical information	Interpret maps/globes	Interpret statistical information	Analyze/interpret demographic information	Investigate/apply U.S. history	Investigate/apply world history	Investigate/apply U.S. geography	Investigate/apply world geography	Investigate/apply principles of government/politics	Investigate/apply principles of economics	Investigate/apply principles of ethics	Investigate/apply principles of psychology	Investigate/apply principles of sociology	Investigate/apply cross-cultural studies	Practice responsible personal economics	Prepare a personal budget	Use credit responsibly	Practice good work ethics	Participate in industrial relations	Interact with people of different races/cultures	Investigate/participate in government	Investigate/apply American legal practices	Select/use sources of information on current events	Analyze current events	Analyze consumer issues	Analyze social issues	Analyze conservation/ecology issues	Analyze social impact of science/technology	Analyze economic impact of science/technology
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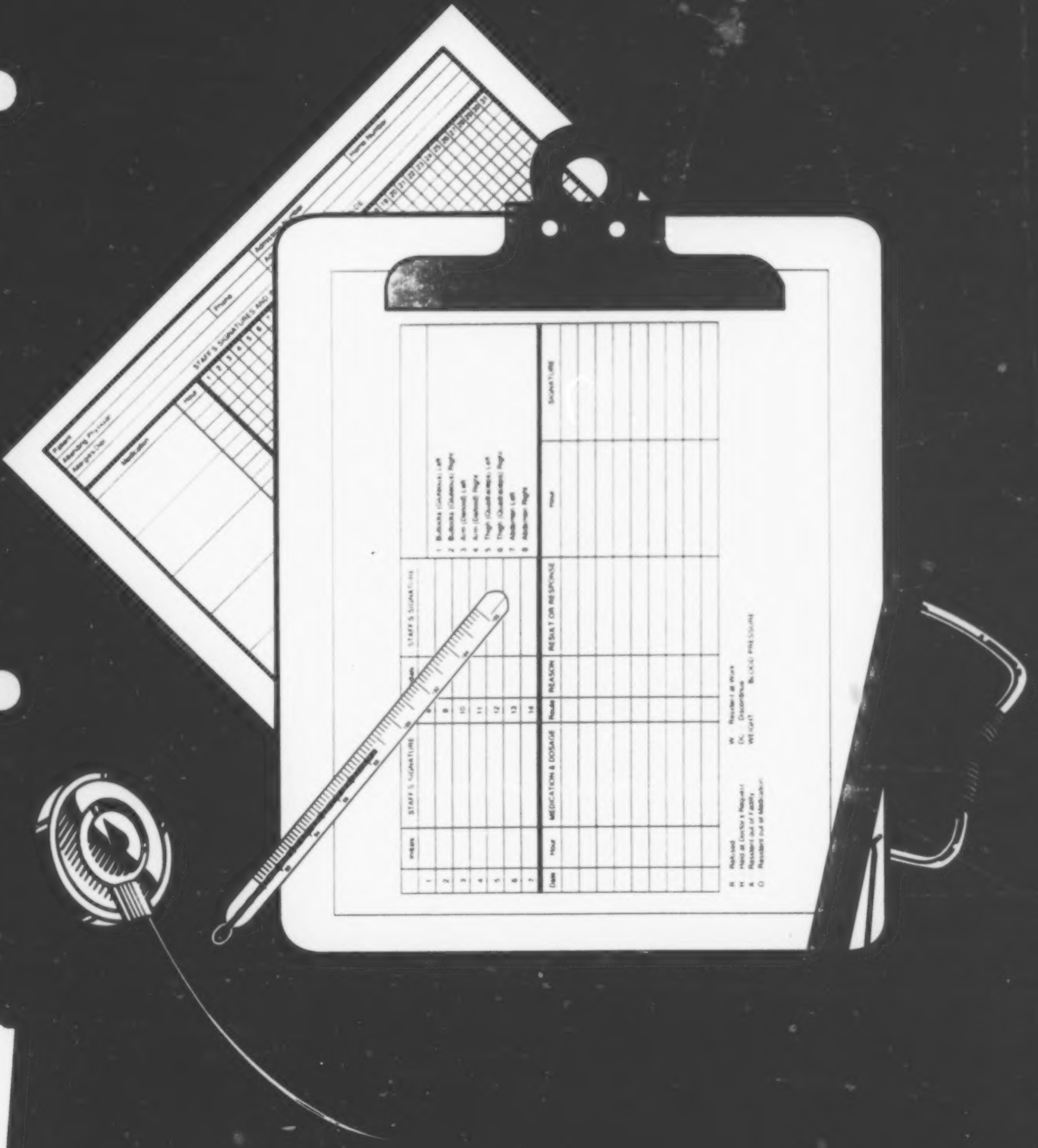
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STAFF'S SIGNATURE
Date
Hour
MEDICATION & DOSAGE
Route
REASON
RESULT OR RESPONSE
Hour
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WEIGHT
BLOOD PRESSURE

CIMC

Student Workbook

94-010402

179

Oklahoma Department of
Vocational and Technical Education
1500 West Seventh Avenue
Stillwater, OK 74074-4364

AD-3140

Medication Administration Technician

Student Workbook

Developed by the
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and Technical Education

94-010402

AD3140

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OBJECTIVE SHEET

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

INTRODUCTION

Professional, ethical and legal issues will affect the way you perform your job as a MAT. As a MAT you should be able to confront both ethical and legal issues with professionalism. Ethics concerns your judgement and values. The legal responsibilities of the MAT have been defined broadly by the Oklahoma Statutes, such as through the Residential Care Act and the Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act, and in more detail by the State Department of Health in its *Standards and Regulations for Licensure*. Knowing your legal and ethical responsibilities will benefit you, your employer, and the residents of your facility.

UNIT OBJECTIVE

After completing this unit, you will know the ethical and legal responsibilities of the MAT and be able to respond to situations involving ethical and legal issues. You will show competency by completing the assignment sheet and completing the written test with at least 85% accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. List basic responsibilities of the MAT.
2. List standards of care guiding the actions of the MAT.
3. Select from a list the rights and responsibilities of a resident.
4. List types of information requiring confidentiality.
5. Select from a list guidelines for maintaining the confidentiality of privileged information.
6. Describe types of wrongful actions for which the MAT may be held liable.
7. Discuss legal requirements for reporting abuse or neglect of a resident.

8. Explain the legal significance of a controlled substance.

9. Select from a list guidelines for meeting legal responsibilities of the MAT.

10. Select from a list guidelines for meeting ethical responsibilities of the MAT.

11. Respond to situations involving ethical and legal issues. (Assignment Sheet)

INFORMATION SHEET

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

OBJECTIVE 1

Optional Activities/ Resources available

List basic responsibilities of the MAT.

- Administer and monitor medications for residents
- Assist residents in independent and daily living skills
- Assist residents in leisure and recreation activities
- Document resident care
- Obtain vital signs for residents

OBJECTIVE 2

Optional Activities/ Resources available

List standards of care guiding the actions of the MAT.

- Statutes

  EXAMPLE: The Residential Care Act (Sections 1-820 through 1-840 of Title 63 of the Oklahoma Statutes); the Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act.

- Regulations

  EXAMPLE: *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma*, adopted by the Oklahoma State Department of Health, January 26, 1989; *Standards and Regulations for Licensure of Group Homes in Oklahoma*, adopted June 23, 1988.

- Institutional standards of care

  EXAMPLE: Job descriptions, job training materials, institutional guidelines

- Actions that a reasonable person would do or not do if in the same position

OBJECTIVE 3 **Select from a list the rights and responsibilities of a resident.**

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
consent	The resident's permission to administer medical treatment or release confidential information; consent must be informed meaning the resident clearly understands what he or she is agreeing to

The following information is adapted from the *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma* and the *Standards and Regulations for Licensure of Group Homes in Oklahoma* by the Oklahoma State Department of Health.

- Exercise civil and religious liberties, including the right to independent personal decisions and knowledge of available choices
- Communicate and consult privately with a physician, attorney, or any other person
- Send and promptly receive, unopened, personal mail
- Present grievances on behalf of himself/herself or others to the residential care home's/group home's staff or administrator, to governmental officials, or to any other person without fear of reprisal

  NOTE: Each resident also has the right to join with other individuals within or outside of the facility to work for improvements in resident care.

- Manage personal financial affairs, unless delegated in writing
- Receive an accounting at least quarterly of any personal financial transactions undertaken in his/her behalf by the residential care home/group home during any period of time such responsibilities have been delegated to the [residential care/group] home
- Receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community

- Be fully informed by his/her attending physician of his/her medical condition and proposed treatment in terms and language that the resident can understand, unless medically inappropriate

- Refuse medication and treatment after being fully informed of and understanding the consequences of such actions

- Receive respect and privacy in his/her medical care program

  NOTE: Case discussion, consultation, examination, and treatment shall remain confidential and shall be conducted discreetly. Personal and medical records shall be confidential.

- Retain and use personal clothing and possessions, unless medically inappropriate

  NOTE: The resident also has the right to security in the storage and use of such clothing and possessions.

- Receive courteous and respectful care and treatment

- Be free from psychological and physical abuse, and from physical and chemical restraints as provided by the program certification standards

- Receive a statement of the facility's regulations and an explanation of the resident's responsibility to obey

- Not to be required to perform services for a residential care/group home

  NOTE: "Services for a residential care/group home" does not refer to the resident's regular participation in shared household tasks when these tasks are included as part of a training, habilitation, or rehabilitation plan for the resident pursuant to the program certification requirements for the residential care/group home and are performed as a part of normal shared tasks.

- Have privacy for spousal visits

  NOTE: Every resident may share a room with his/her spouse, if the spouse is residing in the same residential care home.

- Have next of kin, or representative, notified of the resident's death or imminent death (when a physician indicates that it is appropriate)

OBJECTIVE 4

Optional Activities\
Resources available

List types of information requiring confidentiality.

WORDS YOU SHOULD KNOW	
confidential	Refers to information that is known only to certain people and should not be shared with others
privileged information	Details or facts about a resident that are confidential

- Any information about a resident's condition or treatment
- All of a resident's records
- Personal information about the resident, such as economic status, family problems, telephone messages

OBJECTIVE 5

Optional Activities/
Resources available

Select from a list guidelines for maintaining the confidentiality of privileged information.

- Keep resident records in a lockable container or in a specific lockable area.
- Allow only those persons authorized by the residential care home to have access to resident records.
- Keep the contents of all records confidential.
- Be sensitive to each resident's need for privacy and dignity.
- If specific information requiring confidentiality must be shared with anyone, follow the appropriate guidelines for obtaining oral or written consent in advance.

NOTE: There are exceptions to the need for advance consent: (1) you are required by law to report suspected cases of abuse or neglect of a resident; and (2) the resident's physician is responsible for reporting communicable diseases; the MAT must report any signs of illness to their supervisor, nurse, or the resident's physician. Ask your supervisor about procedures relating to these exceptions.

OBJECTIVE 6

Describe types of wrongful actions for which the MAT may be held liable.

Optional Activities/ Resources available

WORDS YOU SHOULD KNOW	
civil law	Law that is concerned with offenses against individuals
criminal law	Law that is concerned with offenses against the public; divided into *felonies* and *misdemeanors*
tort	Violation of civil law in which an act by an individual causes harm to another individual or their property; can be intentional or unintentional

In addition to the possible penalties for violating provisions of the Residential Care Act or the Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act, you can be held liable for any of the following wrongful actions. The following actions may result in criminal liability and/or civil liability. If convicted of criminal liability you may face fines and/or imprisonment. If guilty of civil liability you may have to pay retribution to the injured party.

- **Assault** – Actions intended to make the resident aware of an immediate harmful or offensive touching

  EXAMPLE: Threatening a resident

- **Battery** – Actions that result in a harmful or offensive touching or other physical violence or constraint of the resident without the resident's permission

  NOTE: The resident need not be aware of what is happening.

- **False Imprisonment** – An act or omission with the intent to confine someone and that results in the actual confinement of a resident, or either awareness of the confinement or injury from it

- **Intentionally inflicting emotional distress** – An extreme and outrageous act intended to cause severe emotional distress or recklessness with regard to such injuries resulting in severe emotional distress

- **Invasion of privacy** – An act which violates the resident's right to privacy, not ensuring that the resident has privacy while exposed, and discussing confidential records with people other than those involved with care are considered invasion of privacy

- **Negligence (neglect)** – An unintentional wrong in which a person fails to act in a reasonable and careful manner — with respect to a duty or obligation recognized by law requiring the person to conform to a certain standard of care for the protection of others against unreasonable harm — and, as a result, causes harm to another person or to that person's property

  EXAMPLE: Failing to ensure a resident's informed consent; failing to report a change in vital signs; failing to report the negligence of another staff member

OBJECTIVE 7

Discuss legal requirements for reporting abuse or neglect of a resident.

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
abuse	Any purposeful mistreatment of a person by another person or persons; includes not only physical abuse or deprivation, but also psychological and verbal abuse

- The residential care/group home must have a written policy statement that expressly prohibits the abuse or neglect of residents.

- The residential care/group home should have a written policy for reporting abuse or neglect. The MAT should follow this policy.

- The residential care/group home is legally responsible for reporting cases of abuse or neglect in a timely manner. Cases of abuse or neglect must be reported to the State Health Department and the Department of Human Services.

- The MAT has both a legal and ethical responsibility to report cases of abuse and neglect. The MAT should follow agency policy; however, this does not excuse the MAT from ensuring that cases reported to their supervisor/administrator are forwarded to the proper authorities.

- The MAT should ensure that there is written documentation of their report.

- Any person who knowingly and willfully fails to promptly report any abuse or neglect, upon conviction, is guilty of a misdemeanor.

  NOTE: Remember that abuse/neglect reports are only *allegations* until proven.

OBJECTIVE 8

Explain the legal significance of a controlled substance.

Optional Activities/
Resources available

NOTE: Federal and state laws classify controlled substances into lists called "Schedules." Substances listed within a schedule have a similar potential for abuse. The substances listed in each schedule may change as new substances are added and old substances are reclassified.

- A controlled substance may or may not be currently accepted for medical use in the United States.

- A controlled substance has the potential for abuse and may result in physical or psychological dependence if abused.

- A controlled substance may have specific requirements for storage.

  EXAMPLE: The *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma* and the *Standards and Regulations for Licensure of Group Homes in Oklahoma* require that drugs in Schedule II be kept in a separate locked box within the locked medication area.

- A controlled substance requires limited access to the substance.

  EXAMPLE: Your employer will have specific policies regarding documentation and storage of these substances.

- A controlled substance may have specific requirements for administering the substance.

- A controlled substance may have specific requirements for documenting the administration of the substance.

  EXAMPLE: The *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma*, and those for Group Homes, require that an individual inventory record and documentation for accountability be maintained for each Schedule II drug prescribed for each resident.

- A controlled substance may have specific requirements for disposing of the substance in case the substance becomes contaminated or is not administered.

OBJECTIVE 9 **Select from a list guidelines for meeting legal responsibilities of the MAT.**

- Follow regulations developed by the State Department of Health when making decisions about how to deal with the residents at your facility.
- Review the standards of care and all guidelines set by your facility.
- Read and follow your job description.
- Read and follow your training manual.
- Document everything in writing.

  EXAMPLE: Incidents, accidents, medication administration, treatments, progress notes, consent forms from residents

- Follow all guidelines for documenting the administration of medications.
- Know the procedures for storing, administering, documenting, and disposing of the controlled drugs at your facility.
- Get written consent from the resident or the resident's representative regarding the sharing of privileged information.
- Report any suspected incidents of abuse or neglect of a resident immediately.

OBJECTIVE 10

Optional Activities/
Resources available

Select from a list guidelines for meeting ethical responsibilities of the MAT.

WORDS YOU SHOULD KNOW	
ethics	A set of moral principles or values that guide individuals in making judgements and choices on what is right and wrong behavior

- Respect the rights and privacy of each resident.
- Perform your duties to the best of your ability.
- Do NOT perform duties for which you are not adequately trained.
- Keep privileged information confidential.

NOTE: Privileged information includes any information about a resident's condition or treatment, personal information about the resident, and all of the resident's records.

- Respect other employees where you work.
- Do NOT perform duties that are not within the training and certification of the MAT.

  EXAMPLE: A MAT should NEVER give an injection.
- Always consider the resident's needs to be important.

ASSIGNMENT SHEET

EXPLORE PROFESSIONAL, ETHICAL AND LEGAL ISSUES

1

Name ______________________________ Score ________

OBJECTIVE 11

Respond to situations involving ethical and legal issues.

INTRODUCTION

As a MAT you will encounter situations involving legal and ethical issues. You should be prepared to respond before the situation arises. Knowing your legal and ethical responsibilities will allow you to respond in such a way that benefits you, your employer and the residents of your facility.

INSTRUCTIONS

- Read each of the scenarios.
- Determine how you would respond to the situation. Write your answers in the blanks below each scenario.

Functional Reading Skills

- Follow written instructions

Language Skills

- Use standard grammar, spelling, and capitalization

Composition Skills

- Use complete sentences

Cognitive Activities Skills

- Identify critical elements/issues
- Identify/develop alternatives
- Evaluate alternatives
- Select an alternative

1. A friend's neighbor is one of your residents. The friend asks you about the neighbor's condition and what type of treatment is being given.

____

____

____

____

2. You have witnessed another employee performing actions which you consider to be negligent.

____

____

____

____

Job Acquisition/ Development Skills

- Deal effectively with co-workers
- Deal effectively with customers/clients

3. You are asked to perform a task for which you are familiar but have not been adequately trained.

4. An elderly resident who has numerous health problems is contemplating suicide. The resident has asked you to help him/her acquire enough of a certain medication (such as aspirin) so that he/she may overdose.

5. A co-worker is having personal problems . The co-worker considers you a friend and has confided personal information to you. Some of the other employees are now asking you about the co-worker.

6. You are documenting medication for a resident. After you have completed the documentation, you realize that you made a mistake in documenting the medication.

7. A resident has given informed consent for privileged information regarding the resident's condition to be shared with the resident's employer.

8. You have just finished administering a controlled substance to a resident.

OBJECTIVE SHEET

ADMINISTER MEDICATION

2

INTRODUCTION

Properly administering medication is a critical skill for every MAT. Medications serve many purposes. Some medications prevent illnesses, while others can help diagnose an illness. Still other medications are used for treatment, for relieving the pain or symptoms of a condition, for curing infection, or for replacing what the body cannot make for itself (such as insulin for a diabetic). As a MAT, you are responsible for administering medications safely and properly.

UNIT OBJECTIVE

After completing this unit, you will be able to safely and properly handle and administer various medications. You will show competency by mastering the assignment sheet and job sheets and completing the written test with at least 85% accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Name the seven rights of medication administration.
2. State purposes of medication.
3. State the checkpoints for verifying a medication during preparation.
4. Classify forms of medications by their route of administration.
5. Explain factors affecting drug metabolism.
6. Match common classifications of drugs to their actions.
7. Select from a list guidelines for administering medication.
8. Answer questions about the self-administration of medication.
9. List common side effects of medications.
10. Interpret common abbreviations and symbols used in medication administration.
11. Select from a list requirements for properly storing and handling medications.

12. List guidelines for preventing the spread of blood-borne pathogens.

13. List information about seizures.

14. Properly wash your hands. (Job Sheet 1)

15. Administer oral medication in liquid form. (Job Sheet 2)

16. Administer oral medication in pill form. (Job Sheet 3)

17. Administer topical medication. (Job Sheet 4)

18. Administer eye medication. (Job Sheet 5)

19. Administer ear medication. (Job Sheet 6)

20. Administer nasal medication. (Job Sheet 7)

21. Administer inhalant medication. (Job Sheet 8)

22. Administer rectal suppository medication. (Job Sheet 9)

23. Administer vaginal suppository medication. (Job Sheet 10)

OBJECTIVE 1

Required Resource:
Transparency Master 1

Optional Activities/
Resources available

Name the seven rights of medication administration.

- Right resident
- Right time and date

NOTE: Some medications, such as antibiotics and anticonvulsants, must be given at scheduled intervals. When administering medications that require intervals check with your supervisor or the resident's physician for the correct times to administer these medications.

- Right medication
- Right medication form
- Right dosage and amount
- Right route of administration
- Right documentation

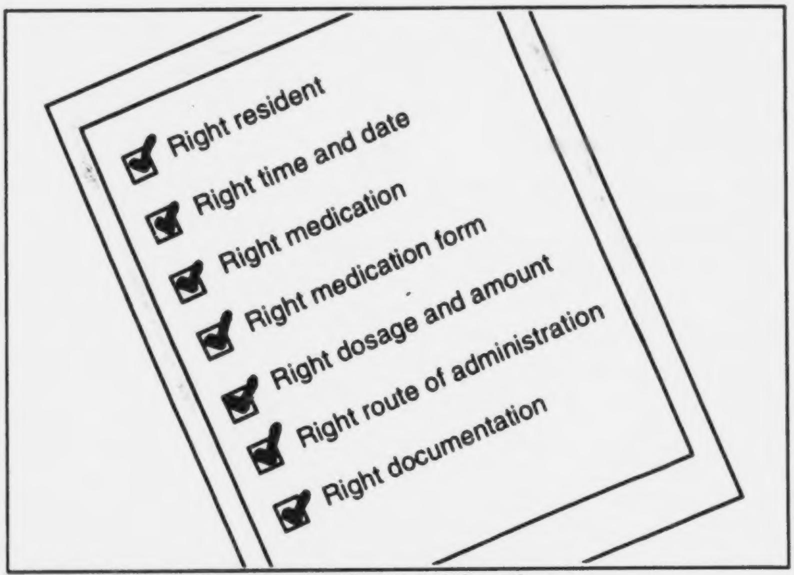
☑ Right resident
☑ Right time and date
☑ Right medication
☑ Right medication form
☑ Right dosage and amount
☑ Right route of administration
☑ Right documentation

FIGURE 1. Rights of medication administration.

OBJECTIVE 2

Optional Activities/
Resources available

State purposes of medication.

- Prevention

  EXAMPLE: Vaccines

- Treatment

  NOTE: Most drugs are used for treatment of the symptoms of disease. Drugs which only relieve the symptoms without affecting the disease are referred to as palliative medications. Some drugs provide treatment for symptoms while allowing the body to work on curing the disease or condition.

- Diagnosis

  NOTE: The diagnostic drugs have increased in number with the use of dyes for x-ray purposes.

- Pain/symptom relief

- Replacement

  EXAMPLE: Insulin for diabetics

OBJECTIVE 3

Optional Activities/
Resources available

State the checkpoints for verifying a medication during preparation.

1. When you obtain the medication from the storage area.
2. While you are pouring the medication.
3. When you return the medication to the proper storage area.

   NOTE: Following these checkpoints decreases the chance of an incorrect medication being used.

OBJECTIVE 4

Required Resource:
Transparency Master 2

Optional Activities/
Resources available

Classify forms of medications by their route of administration.

WORDS YOU SHOULD KNOW	
enteric	Pertaining to the small intestine
instillations	Putting a liquid slowly, drop by drop, onto a body surface or into a body cavity
local effect	Reaction to the drug at the site to which it is applied or comes in contact
nebulizer	A device that changes a liquid into a fine spray or mist; atomizer
ophthalmic	Pertaining to the eye
oral syringe	Needleless instrument used for measuring liquid medication

ORAL

- **Capsule** – Drug is placed in gelatin type of container
- **Elixir, Fluid, Extract** – Liquid medication with an alcohol base
- **Emulsion** – Liquid medication that contains oils and fats in water
- **Enteric (Coated tablet)** – Tablet with special coating that does not break down until it reaches the small intestine
- **Lozenge** – Flavored tablet for local effect on the throat

  NOTE: Lozenges should not be swallowed.
- **Solution** – Liquid medication in which a drug is evenly dissolved and appears clear
- **Suspension** – Liquid medication that requires shaking because settling of drug particles occurs
- **Syrup** – Liquid medication that is sweetened and flavored

- **Tablet** – A disk of compressed dry drug that varies in shape; may be scored for division
- **Time-release (Sustained-release) capsule** – Coated capsule containing drug particles that dissolve in a specified length of time

RECTAL

- **Enema solution** – Drug suspended in a solution to be given as an enema
- **Suppository** – Drug suspended in a substance that melts at body temperature

TOPICAL

- **Liniment** – External application that acts as a counterirritant
- **Lotion** – Liquid preparation of a drug for external application
- **Ointment** – Semi-solid preparation of a drug for external application
- **Transdermal patch** – Medication applied to the skin and absorbed over a long period of time

MUCOSAL

- **Buccal tablet** – Tablet made to be placed between the cheek and the gum
- **Eye, Ear, and Nose Drops** – Liquid medication that is made for administration into a specified area
- **Eye ointment** – Sterile semi-solid preparation for ophthalmic use only

- **Sublingual tablet** – Tablet made to be placed under the tongue

  NOTE: One of the most common medications found in sublingual form is nitroglycerine tablets. These are used for angina or chest pain. Sublingual medications work very rapidly and should not be confused with oral medications, which work much slower. Sublingual tablets are placed under the tongue, where rapid absorption takes place.

- **Vaginal cream** – Medicated cream to be applied to the vagina with use of a special applicator

INHALANT

- **Gas** – Anesthetics to be inhaled for general anesthesia

- **Powder** – Powder form of drug administered through an inhaler

- **Spray (or Mist)** – Liquid drug form to be inhaled as fine droplets by use of spray bottles or nebulizer

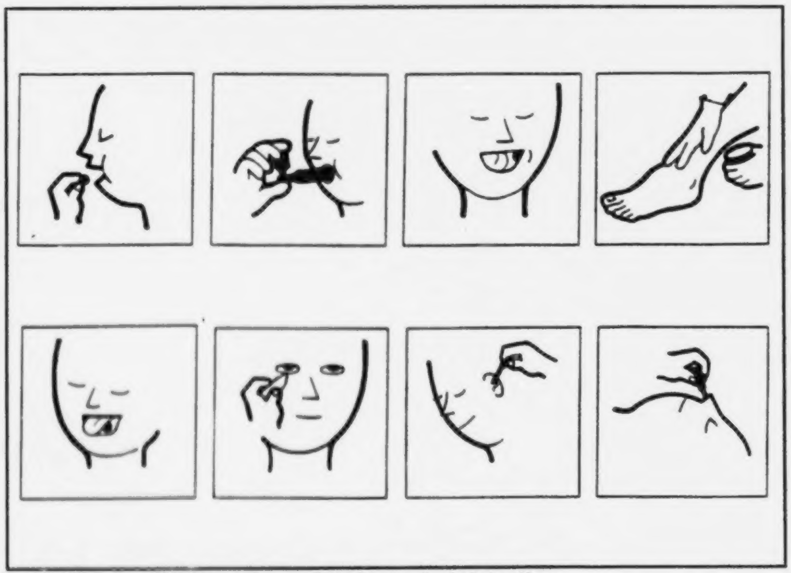

FIGURE 2. Routes of medication administration.

OBJECTIVE 5

Optional Activities/
Resources available

Explain factors affecting drug metabolism.

- **Allergies** – All residents should be asked about drug allergies and caution should be used if this is the resident's first time for this medication. Verify allergies *both* from the resident and the resident's records.

- **Age** – Age affects the rate in which the body metabolizes the medication. Older adults metabolize medication slowly; infants and children may metabolize medication very rapidly.

- **Body Build** – Body weight, as well as the percentage of body fat and muscle tissue, affects the metabolizing of medication.

  NOTE: Gender indirectly affects drug metabolism because of the difference in body build of males and females. Females generally have a higher percentage of body fat than males; drugs that are more soluble in fat than water may be more easily distributed in females than males.

- **Diagnosis** – Diseases may change the way medication works.

- **Drug combinations** – Some drugs together may be more powerful than either drug alone.

  NOTE: Be aware of all drugs that a resident is taking, including over-the-counter drugs. The resident's physician should be notified of any over-the-counter medications the resident is taking.

- **Drug tolerance** – Tolerance can be assessed only after the medication has been given. You should be aware of the resident's reaction to the medication if it was given previously. Drug tolerance changes during the aging process.

- **Emotional state** – The emotional state of the resident may affect how that person perceives the medication and how effective the medication is for treating the illness.

- **Indication** – You should know the reasons for a particular resident receiving a medication.

- **Physical state** – A resident's physical ability to tolerate a drug or the route being used. A resident who is vomiting cannot take the medication orally, so a change in route must be made.

- **Present symptoms** – Some symptoms may indicate drug toxicity or other contraindications to giving that medication or may indicate the need for more effective medication.

  NOTE: Report any changes or new symptoms of a resident to your supervisor.

OBJECTIVE 6 **Match common classifications of drugs to their actions.**

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
chemical name	Describes the structural formula of the drug
generic name	The developer of the drug generally gives the drug a generic name which is often an abbreviation of the chemical name
official name	Name given to the drug by the United States Pharmacopeia/National Formulary; may be the same as the generic name
trade name or brand name	Name given to a specific drug by the manufacturer of the drug

- **Analgesic** – Relieves pain

  NOTE: Some analgesics are narcotics. Always follow specific drug administration procedures when administering narcotics. Narcotics have the potential for abuse.

- **Anesthetic** – Produces loss of feeling

  NOTE: Anesthetics can be general, local or regional.

- **Antacid** – Neutralizes acids

- **Antibiotic** – Destroys bacteria

  NOTE: Many people have allergies to certain antibiotics. Always check the resident's records and ask the resident if he or she knows of an allergy.

- **Anticoagulant** – Reduces the clotting ability of blood

- **Anticonvulsant** – Prevents or stops convulsions

- **Antineoplastic** – Destroys rapidly growing body cells

  NOTE: Antineoplastic agents are used in chemotherapy for cancer.

- **Antipyretic** – Reduces temperatures

- **Cardiovascular** – Acts directly on the heart

  NOTE: Cardiovascular drugs include antiarrhythmic agents which regulate cardiac rhythm and rate and antihypertensive agents which reduce blood pressure.

- **Diuretic** – Increases the output of urine

- **Emetic** – Induces vomiting

- **Hormone** – Stimulates by chemical action an increase in function or secretions; substance originates in organ or gland, then circulates in bloodstream to other organs

  EXAMPLE: Insulin for diabetics

- **Laxatives** – Soften the stool

- **Psychotropics** – Act on the central nervous system

  - Antidepressants

    NOTE: The two major categories of antidepressants are tricyclic antidepressants and monoamine oxidase inhibitors (MAO inhibitors)

  - Antipsychotics

    EXAMPLE: Haldol®

  - Sedatives (antianxiety agents)

    EXAMPLE: Valium®

  - Stimulants

    EXAMPLE: Ritalin®

  NOTE: New medications, such as Prozac®, work differently than more traditional psychotropic medications. New medications are always being developed and drug classifications and use are always changing. For these reasons, it is important to stay informed of any new medications residents are taking.

OBJECTIVE 7

Select from a list guidelines for administering medication.

Required Resources:
Transparency
Masters 3-4

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
antagonistic effect	Situations in which two active drugs that are given together produce an effect that is less intense than when either drug is given alone
contraindications	Symptoms or situations that make a treatment or procedure unwise
idiosyncratic effect	An unexpected response to a medication
precautions	Warnings to use care when giving drugs under certain conditions
side effects	Actions of a drug that are undesirable and may limit the usefulness of the medication
synergistic effect	Drugs working together to produce an effect which neither could produce alone
therapeutic effect	Effects of drugs which prevent, diagnose or treat diseases or conditions
toxic effects	Dangerous effects of a drug caused by too much of the drug within the system

ALL MEDICATIONS

- Verify the rights of medication administration.
- Wash hands before and after the administration of medication.
- Inform the resident of the procedure.
- Wear gloves and other personal protective equipment (eye shields, masks, gowns, etc.) whenever there is a possibility that you will come into contact with the resident's skin or body fluids.
- Provide privacy, if appropriate.
- Give all medications with food or after a meal unless otherwise indicated by a physician.

ORAL MEDICATION

- Avoid touching the medication, if possible.
- When administering liquid medication, place the medicine cup at eye level with the prescription label on the bottle toward the palm of your hand.

  NOTE: This will prevent the liquid from dripping down the label and making the label hard to read.
- Determine whether to crush a medication.

  NOTE: Residents are often unable to take the solid form of oral medications.
- Determine whether a particular medication can be crushed.

  NOTE: Enteric-coated medication and timed-release medication should not be crushed. Crushing such medications would probably crush the coating that makes the medication slow to dissolve. Check with a pharmacist.
- Determine what substances a crushed medication can be combined with for safe administration.

  EXAMPLE: Ice cream, sherbet, applesauce, water, juice

EYE MEDICATION (OPHTHALMIC MEDICATION)

- Administer drops (solutions) and ointments at room temperature.
- Determine the correct site for the medication — O.D. (right eye), O.S. (left eye), or O.U. (both eyes).

EAR MEDICATION

- Before administering the drops, inspect the outer ear canal to be sure that wax is not blocking the opening.
- Administer the medication at room temperature.
- Straighten the outer ear canal by pulling the ear lobe down and back on children under three years old and up and back on residents three years old [illegible].

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NASAL MEDICATION

NOTE: Sprays and nose drops are the most common forms of nasal medication. Sprays coat the membrane better with less waste; drops are effective with younger children.

- Before administering the medication, have the resident gently blow the nose.
- Administer drops with the resident's head tilted far back or with the resident lying down with a pillow under the shoulders.

  NOTE: Explain to the resident that he/she should stay in this position for 2-3 minutes and should not blow his/her nose for 15-20 minutes.

- Before administering a spray, shake the spray and hold the bottle upright.
- Administer sprays with the resident's head erect and with one nostril blocked.
- Ask the resident to inhale through the open nostril when the spray is administered.

BUCCAL/SUBLINGUAL MEDICATION

- Wear gloves.
- Place the medication between the cheek and the gum (buccal).
- Place the medication under the tongue (sublingual).
- Wait until the medication is completely dissolved before allowing the resident to have any food or drink.

TOPICAL MEDICATION

- Wear gloves.
- Rub ointments, creams, lotions, and liniments onto the skin with gloved hands.

  NOTE: Apply a thin covering, unless specified otherwise.

- Swab, spray or paint liquids onto the skin.
- Blow powders onto the skin from the dispensing container.

RECTAL SUPPOSITORY

- Wear gloves.
- Keep handling of suppository medication to a minimum.

  NOTE: Suppository medication is designed to melt at body temperature.

- Do not remove suppositories from their foil packs until you are in the resident's room.
- Give the resident instructions to lay on the left side with the knee to the chest position.
- Lubricate the suppository before inserting it into the rectum.

  NOTE: It is unnecessary to completely cover the suppository in lubricant.

- When inserting the suppository, insert it past the internal rectal sphincter about one inch.
- After administration, instruct the resident to remain on the side for approximately 20 minutes.
- Assist children in holding the suppository in place by pressing the buttocks together.

VAGINAL MEDICATION

NOTE: Vaginal medications are used for local treatment of gynecological disorders. Most vaginal medications come with an applicator.

- Wear gloves.
- Be sure that the resident's bladder is empty.
- Assist the resident into the lithotomy position — the resident should be on her back, thighs flexed on the abdomen and legs on the thighs, with the knees pointing outward.
- Be sure that the resident remains lying down for ten minutes.

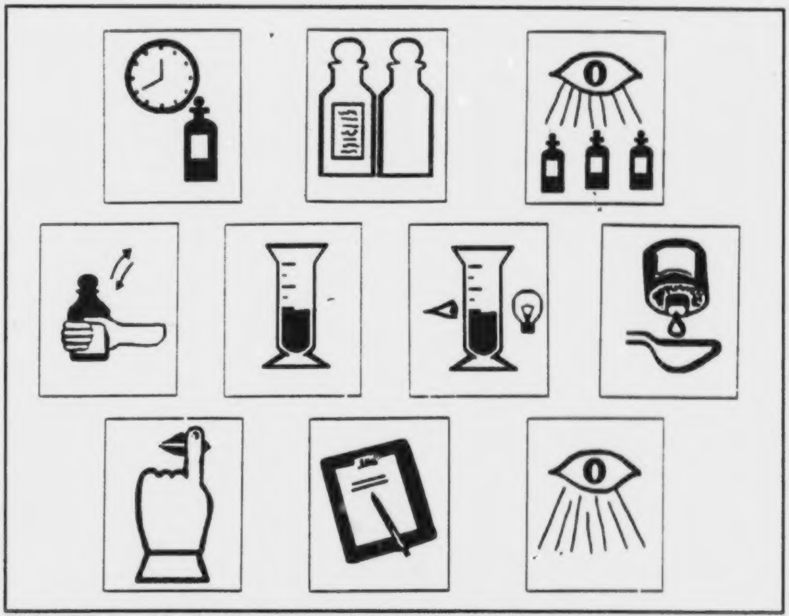


FIGURE 3. Medication administration guidelines.

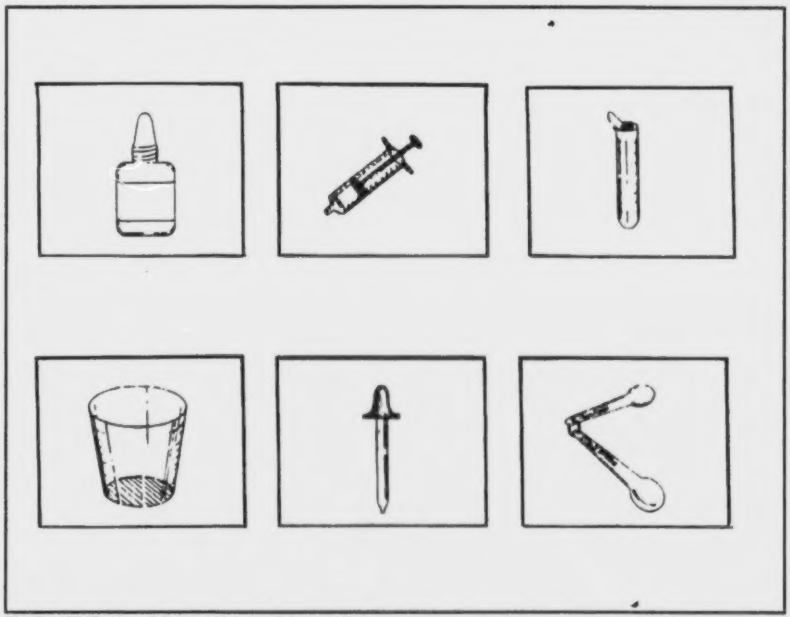


FIGURE 4. Measuring Utensils.

OBJECTIVE 8 **Answer questions about the self-administration of medication.**

Verify all *legal requirements* concerning the medications that may be authorized for self-administration. Legal provisions governing the self-administration of medication might not allow for all medications to be authorized. Check with your instructor about the most recent requirements.

- Verify from the resident's physician that the resident is capable of self-administering medication.
- The MAT should follow all requirements of each resident's individual plan for the self-administration of medication. Self-administration of medication does not necessarily mean total independence in medication administration.
- Follow facility policies for accountability.
- Discuss safety precautions with the resident. These include:
  - Following the instructions on the medication label. This includes warnings about operating machinery, etc., when taking the medication.
  - Do NOT use medications that have passed their expiration date.
  - NEVER share medications with others.
  - Store medications properly.
- Staff should remind residents when it is time to take medication.
- Reinforce compliance with the resident's individual plan. Use persuasion not force when assisting in medication administration.

  NOTE: You should document the fact that a resident refused to take medication and notify your supervisor.
- Provide privacy if appropriate.
- Observe resident in taking the medication.
  - Verify the rights of medication administration.
  - Give adequate water or food (such as pudding or applesauce) to aid in swallowing tablets or capsules.

- Remain with the resident until the medication is swallowed or dissolved (such as lozenges or nitroglycerin that should not be swallowed).

  NOTE: Be certain that the resident is actually taking the medicine. Watch for such things as "cheeking," where the resident will place the medication between the gum and cheek, drink some water, and later take the medication out of the mouth.

- Observe, record, and report the resident's response to the medications.

Report any unusual resident reaction to medication to the physician at once and document the response properly.

OBJECTIVE 9

Optional Activities/
Resources available

List common side effects of medications.

NOTE: The information in this objective does not replace standard reference texts, such as the *Physicians' Desk Reference* (PDR) or others.

CARDIAC AND CIRCULATORY SYSTEM AGENTS

Digitalis and Glycosides

- Common reaction is due to toxicity (too much of the drug in the bloodstream).
- Flu-like symptoms may appear.
- Visual disturbances and headaches
- Gastrointestinal disturbances, including anorexia, nausea, vomiting, diarrhea, and abdominal cramps

What the MAT Should Do

These are the agents of choice for congestive heart failure, but are sometimes used for arrhythmias (an irregular or loss of rhythm of the heartbeat). Congestive heart failure is a syndrome where the heart fails to maintain an adequate output, resulting in a lower blood flow to the tissues. The medication helps the heart to become a more efficient pump.

- Take an apical pulse rate before administering the medication. If the resident's pulse is less than 60 beats per minute, do not give the medication — report the condition to your supervisor.
- If flu-like symptoms appear, follow the established policies of your facility for physician notification.

Nitrates

EXAMPLE: Isordil®, Nitro-bid®, Nitroglycerin, Transderm-Nitro®

- Headaches, faintness and dizziness (most common)
- Nausea and vomiting may occur.
- Lowering of blood pressure when the resident gets up

What the MAT Should Do

Nitrates are used to relax smooth muscles, dilate small blood vessels and may increase the blood supply to the heart. The most commonly used nitrate is sublingually administered nitroglycerine.

- Advise the resident to ask for help before getting up.
- Keep the medication in its original glass container and throw it away three months after it is opened. Nitrates can lose effectiveness quickly.

Antihypertensives

EXAMPLE: ACE inhibitors (Capoten®, Vasotec®), Beta-adrenergic blockers (Inderal®, Tenormin®, Lopressor®), calcium-channel blockers (Cardizem®, Isoptin®), central alpha-adrenergic (Aldomet®, Catapres®, Wytensin®), peripheral vasodilators (Hytrin®, Minipress®)

- Each different class works in a different way.
- Side effects are dependent on how the particular medication works.

What the MAT Should Do

Antihypertensive drugs are used to prevent or to control high blood pressure. To find the particular side effects of a specific drug, look up that medication in an appropriate reference book.

DIURETICS

EXAMPLE: Diuril®, Dyazide®, Hydrochlorothiazide (HCL), HydroDIURIL®, Lasix®

- Often decrease the amount of potassium in the resident.
- Can lead to muscle aches and confusion (from a decrease in potassium).

What the MAT Should Do

These drugs are used to increase the amount of urine and thereby reduce the amount of fluid in the blood vessels. These drugs are usually given once a day in the morning. These drugs are commonly given with the cardiac agents listed previously to aid in congestive heart failure and to lower the blood pressure.

- If ordered by the physician, encourage the resident to drink orange juice or eat foods high in potassium, such as bananas. (Also, a diuretic is often prescribed with a potassium supplement such as Kaon-Cl®, K-Dur®, K-Lor™ or K-Lyte®.)
- Be aware of the resident's plan for having potassium levels tested.

PSYCHOTROPICS

EXAMPLE: Tricyclic antidepressants (Elavil®, Sinequan®, Tofranil®), monoamine oxidase inhibitors (Desyrel®, Nardil®), antipsychotic agents (Compazine®, Haldol®, Mellaril®, Thorazine®, Trilafon®)

Tricyclic antidepressants

- Drowsiness (most common)
- Dry mouth
- Blurred vision
- Dizziness upon standing too quickly
- Irregular heartbeats

Monoamine oxidase inhibitors (MAO inhibitors)

- Hypertensive crises (rapid rise in blood pressure which can cause immediate health problems)
- Other potentially dangerous side effects

What the MAT Should Do

- Monitor residents closely, including their diets. Residents on MAO inhibitors should not eat foods high in tyramine, such as aged cheese, wines, beers, pickled herring, chicken liver or yeast extract.
- Refer immediately to a reference book for the complete facts on side effects.

Antipsychotic agents

- Sedative effect — causes drowsiness
- Postural hypotension
- Other side effects which may include dry mouth, constipation, or blurred vision
- Extra-pyramidal symptoms:
  1. Pseudoparkinsonism — Resembles true parkinsonism such as tremor, mask-like facial expressions, drooling and some restlessness.
  2. Akinesia — Complete or partial loss of a muscle movement (be sure to be alert if a resident complains of fatigue and weakness of the arms and legs).
  3. Akathisia — Motor restlessness; a resident may be extremely restless, continually moving hands, mouth and body.
  4. Dyskinesia — Less common disturbance that takes many forms such as torsion or twisting spasms, drooping of the head, protrusion of the tongue and other facial disturbances. The resident may complain of stiff neck and an inability to swallow. (This can be very frightening, so be sure to reassure the resident and inform a physician as soon as possible.)

What the MAT Should Do

These medications are often used to treat symptoms associated with neuropsychiatric conditions such as schizophrenia, manic-depressive conditions, and paranoid psychoses. They are also used to treat symptoms such as emotional disturbances and anxiety caused by other illnesses.

- Report any changes in residents to your supervisor.
- Be aware that residents taking these drugs will have their symptoms evaluated regularly by qualified personnel using established scales such as AIMS and DISCUS.

ANTICONVULSANTS

EXAMPLE: Depakene®, Dilantin®, Mysoline®, phenobarbital, Tegretol®

- Phenobarbital can cause a slowing of respirations, as well as dizziness and drowsiness.
- Dilantin® can cause a condition of the gums called gingival hyperplasia (requiring gum massage and good oral hygiene to prevent tooth loss), slurred speech, dizziness, insomnia and depression.

What the MAT Should Do

These medications are used to control seizure activity. The most common form of attack begins with loss of consciousness and motor control and jerking of all extremities. Any recurrent seizure pattern may be termed "epilepsy." Anticonvulsant medications should be closely monitored in order to produce a drug level high enough for the resident to have as few side effects as possible to maintain a seizure-free status. It is extremely important for the resident to take these medications as scheduled. If any dose is missed, the physician may need to be called to determine if another dose could be given safely.

- Observe residents taking phenobarbital — be sure they do not injure themselves due to dizziness or confusion.
- Report any changes in residents to your supervisor.
- Be aware of the resident's care plan for controlling seizure activity.
- Refer to appropriate reference books for the complete facts on side effects.

ANTIARTHRITIC AND ANTIGOUT AGENTS

EXAMPLE: Antiarthritic agents (Clinoril®, Feldene®, Indocin®, Meclomen®, Motrin®, Nalfon®, Naprosyn®, Rufen®), antigout agents (Zyloprim®)

- Most common side effects are related to the gastro-intestinal tract such as nausea with or without vomiting, diarrhea, constipation and abdominal cramps and pain.

What the MAT Should Do

All the above medications are used in the treatment of arthritis or joint pain and for gout. Each of the individual medications above should be researched in a drug reference book for further information.

- Always administer these medications after meals or with food unless otherwise indicated by a physician.

NEW MEDICATIONS

EXAMPLE: Prozac® (to treat depression), Colestid® and Questran® (to lower the lipid content of the blood), Mevacor® (to lower the cholesterol in the bloodstream), Ansaid® (for rheumatoid arthritis and osteoarthritis)

Prozac®

- Loss of appetite and significant weight loss in some people
- Headache, nervousness and insomnia may occur

NOTE: Consult an appropriate reference book for a full list of side effects.

Colestid® and Questran®

- Constipation, sometimes accompanied by fecal impaction and aggravation of hemorrhoids
- Abdominal discomfort (pain and distention), belching and flatulence (gas) is frequently seen.

What the MAT Should Do

- These medications are in granular form — always mix them with at least three fluid ounces of water or other liquid such as orange juice.
- Rinse the glass with a small amount of additional liquid, to make sure that all of the medication is taken. (This medication will not dissolve.)
- Mix these medications with highly fluid soup or moist, pulpy fruit such as applesauce or crushed pineapple, or with milk in hot or cold breakfast cereal, if desired.
- Never give these medications dry.

Mevacor®

- Abdominal pain/cramps, gas and diarrhea are frequently seen.
- Some side effects will ease, the longer the resident takes the medication.

Ansaid®

- Diarrhea, abdominal pain, nausea and vomiting may be seen.
- Headaches with dizziness and blurred vision may be seen.

NOTE: Consult an appropriate reference book for a full list of side effects.

OBJECTIVE 10

Interpret common abbreviations and symbols used in medication administration.

ABBREVIATION OR SYMBOL	MEANING
ac	before meals
AM, am	morning
amt	amount
bid	twice a day
BP	blood pressure
c̄	with
cap	capsule
cc	cubic centimeters
dil	dilute
DC, disc	discontinued
elix	elixir
fl, fld	fluid
g or gm	gram
h, hr	hour
hs, HS	hour of sleep
IM	intramuscular
Ⓛ	left
mEq	milliequivalent
mg	milligram
ml	milliliter
noc, noct N	night
NKA	no known allergies
NPO, np	nothing by mouth
OD	right eye
OS	left eye
OU	both eyes
per, /	by means of
pc	after meals
PM, pm	afternoon
po. PO, per os	by mouth
prn, PRN	as necessary
qd	every day
qh	every hour
q2h	every 2 hours
q3h	every 3 hours
qid	four times a day
qod	every other day
R	rectal
Ⓡ	right
Rx	take
s̄	without
SOB	shortness of breath
SL	sublingual
sol	solution

ABBREVIATION OR SYMBOL	MEANING
S/S	signs and symptoms
stat	immediately
supp	suppository
syr	syrup
tab	tablet
tid	three times a day
T, P, R	temperature, pulse, respiration
ung	ointment
vag	vaginal
VS	vital signs
>	greater than
<	less than
↓	decrease
↑	increase

OBJECTIVE 11

Select from a list requirements for properly storing and handling medications.

The MAT is responsible for the handling and storage of various medications, both over-the-counter and prescription medication. Mo medications can be safely stored in a cool, dry area. However, certa medications require special handling.

- Document medications taken by a resident immediately.
- Refrigerate insulin, liquid antibiotics and suppositories.
- Be sure that any medication in a suspension form is "shaken well."
- Take note of the expiration date on all medications.
- Keep all medications in their original containers showing the resident's first and last name.
- Lock all medications and double-lock narcotics.

  NOTE: Document medications taken by a resident.
- Note any special pharmacy labels on medication bottles.
- DO NOT STORE MEDICATIONS WITH NON-DRUG ITEMS.
- Keep medications of individual residents separate.
- Store medications applied externally separately from medications taken internally.
- Do not administer to any resident the prescribed medication or over-the-counter medication of another person.
- Do not allow any resident to possess the prescribed or over-the-counter medications of another person.
- Never keep a bulk supply of medications.

Each resident must have his/her own medications; these must be ordered and approved by his/her doctor. Check with your instructor about the legal requirements relating to bulk nonprescription drugs.

OBJECTIVE 12

List guidelines for preventing the spread of blood-borne pathogens.

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
AIDS	The disease that results from HIV infection
communicable	An illness that is capable of being transmitted from one person to another
Hepatitis B	A form of hepatitis (inflammation of the liver) that is transmitted by blood or other bodily fluids
Human Immunodeficiency virus	Illness that is commonly referred to as HIV; HIV is a communicable disease which does not have a cure
universal precautions	Protective measures developed by the Centers for Disease Control (CDC) for health care workers to reduce the risk of contracting HIV or other blood-borne pathogens

NOTE: Appropriate barrier precautions should always be used when contact with blood or other body fluids of a resident is anticipated.

- Wear gloves when touching blood and body fluids, mucous membranes, or broken skin of all residents.
- Wear gloves when handling items or touching surfaces soiled with blood or body fluids.
- Change gloves after each procedure and with each resident.
- Wear masks, protective eyewear or face shields, and gowns as needed to prevent exposure to the mucous membranes of the resident's mouth, nose, and eyes during procedures that may cause spattering of blood or other body fluids.
- Wash hands before and after donning protective gloves.
- Follow cleaning and infection control procedures.
- Use face shields or pocket masks when performing mouth-to-mouth resuscitation.

OBJECTIVE 13 **List information about seizures.**

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
aura	Sensation perceived by an individual before the onset of a seizure; examples are sounds, twitches, dizziness, unusual odors
convulsion	Another term for seizure
epilepsy	Condition marked by recurrent episodes of seizures
postictal state	Period of time immediately following a seizure; characterized by sleepiness or unconsciousness, weakness or paralysis may occur on one side of the body or in a limb (this information can give an indication as to the location of the lesion in the brain causing the seizure); this state may last up to 30 minutes
seizure	Involuntary muscle activity; most seizures are accompanied by altered states of consciousness

CLASSIFICATIONS OF SEIZURES

NOTE: Seizures are usually classified by the degree and location of the abnormal electrical activity in the brain.

- Seizures are classified into two categories: generalized seizures and partial seizures.
- Generalized seizures involve most of the brain; usually all of the limbs are involved in involuntary muscle activity and the individual loses consciousness.
- Partial seizures involve less extensive and specific areas of the brain. Seizure activity is confined to one limb or one side of the body. The individual may appear conscious but still requires close monitoring and protection.

CAUSES OF SEIZURES

- Head injuries
- Brain tumors

- Genetics
- Infection (Meningitis)
- Circulatory disorders
- Brain hemorrhage
- Fever
- Metabolic disorder
- Toxicity

NOTE: Although epilepsy is the cause of many seizures, other serious illnesses can trigger the onset of a seizure. If an individual has no record of previous attacks, it is important to determine the cause. Contact a physician if this occurs.

FACTORS THAT TEND TO STIMULATE OR PRECIPITATE SEIZURES

- Overexertion
- Inadequate rest
- Infection
- Excitement
- Fever
- Flashing light patterns
- Irregular daily schedule

FACTORS TO WATCH FOR, OBSERVE AND DOCUMENT

- Factors involved in onset (locations, situation)
- Physical areas of involvement
- Severity of muscle twitching
- Length of episode
- Level of consciousness

- Sequence of movement
- Preseizure and postseizure signs and symptoms
- Light/smells/confusion/light-headed

WHAT TO DO

- When a seizure occurs or a resident states that a seizure is imminent, take immediate action.
- Help the resident lie on the ground, away from any objects that may injure the resident during the episode.
- Clear the area of any objects or people.
- Loosen tight clothing.
- Place the resident on one side.
- DO NOT restrain the resident.
- DO NOT pry open the mouth/teeth.
- After a seizure expect the person to be sleepy.

  NOTE: After a seizure the resident will need rest and should be monitored.

Name ______________________________

OBJECTIVE 14

Properly wash your hands.

INTRODUCTION

Unwashed hands are the most common means of transmitting infection from one person to another, directly or indirectly. Your hands are in almost constant contact with microorganisms. For example, think about all of the objects and surfaces that you have touched since waking up this morning. Did you wash your hands after touching each item? How many of these objects had been touched by someone else and would be touched after your contact with them? Each object can be a possible reservoir or method of transmission for microbes that can cause infection. Frequent and effective handwashing can help break the chain of infection.

EQUIPMENT AND MATERIALS

- Soap

  NOTE: Liquid soap is preferred, since microbes from your hands can cling to bar soap. However, bar soap can be effective if used with care.

- Running water
- Paper towels

PROCEDURE

	Yes	No
1. Remove watches, rings and other jewelry from your hands.	____	____
2. Turn the water on with a paper towel and adjust the water to a comfortable, warm temperature.	____	____

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

CAUTION: Avoid touching the sink or faucet. They should be considered "contaminated." You should avoid touching the sink or faucet by turning the faucet on and off using a dry paper towel.

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

Yes No

3. Stand in front of the sink, without touching the sink. ____ ____

4. Wet your hands completely, without splashing. ____ ____

5. Apply plenty of soap. If you use bar soap, rinse the bar before putting it back in the soap dish. ____ ____

6. Keeping your hands lower than your elbows, firmly scrub your hands and wrists for a minimum of 10 seconds. ____ ____

    a. Scrub all of the surfaces of your hands, including the backs of your hands and between your fingers.

    b. Scrub your wrists at least two inches above the wrist (or higher, if appropriate).

    c. Clean under and around the fingernails on each hand by using a brushing motion of the fingertips of each hand on the open palm of the opposite hand.

7. Keeping your hands lower than your elbows, rinse your hands thoroughly under running water. ____ ____

⚠ **CAUTION:** Never rinse your hands in a sink of standing water. Standing water can act as a reservoir for the microorganisms that you are trying to wash away. Always rinse your hands under running water.

---

8. Dry your hands completely with a clean paper towel. ____ ____

9. Turn the water off with a dry paper towel. ____ ____

10. Throw away all used paper towels. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

All surfaces of both hands are clean.	4	3	2	1
Wrists are clean to at least 2 inches above the wrists.	4	3	2	1
Fingernails are clean.	4	3	2	1
Bar soap, if used, has been rinsed off immediately after use.	4	3	2	1
Water faucet is turned off.	4	3	2	1
Hands have not become contaminated by touching sink or faucet before, during, or after the procedure.	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill

1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 2

ADMINISTER MEDICATION 2

Name ______________________________

OBJECTIVE 15

Administer oral medication in liquid form.

INTRODUCTION

Oral medication may be a tablet, a capsule, or a liquid, and it may be given in several ways. The way it is given is not a choice for you or the resident to make; you and the resident must follow the physician's orders.

If oral medication is in liquid form, you will have to measure the liquid carefully into a medicine glass or other measuring utensil.

EQUIPMENT AND MATERIALS

- Medication (in its container)
- Medicine glass, needleless syringe, eyedropper with graduated markings, or other measuring utensil

PROCEDURE

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	_____	_____
2. Wash your hands.	_____	_____
3. Obtain the medication in its container, and a medicine glass.	_____	_____
4. Verify the rights of medication administration.	_____	_____
5. Explain the procedure to the resident.	_____	_____
6. Position the resident to make swallowing easy.	_____	_____

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

CAUTION: Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

General Relating Skills
- Interact with clients/customers/patients

Cognitive Activities Skills
- Transfer knowledge/training to new situations

Job Acquisition/Development Skills
- Master specific job task/procedure

	Yes	No
PREPARE THE DOSAGE		
7. Shake liquid medication, if needed, before measuring.	____	____
8. Measure the liquid into the appropriate utensil:		
Medicine glass		
a. Place the thumbnail on the medicine glass at the correct dosage level to mark how much liquid to pour.	____	____
b. Hold the medicine glass straight and at eye level.	____	____
c. Pour from the side opposite the label (to avoid destroying the label).	____	____
d. Wipe the neck of the bottle, if needed, after pouring.	____	____
Oral (needleless) syringe		
a. Put the tip of the syringe into the liquid medication.	____	____
b. Holding the syringe with one hand, pull back the plunger with the other hand until the liquid fills the barrel of the syringe to the correct dosage.	____	____
c. Remove the syringe from the medication.	____	____

	Yes	No
Eyedropper with graduated markings		
a. Put the tip of the eyedropper into the liquid medication and squeeze the bulb.	____	____
b. Release the bulb to fill the eyedropper to the correct dosage.	____	____
c. Remove the eyedropper from the medication.	____	____
d. Squeeze the bulb until the correct amount is left in the dropper.	____	____
ADMINISTER THE MEDICATION		
9. Give the medication to the resident using the appropriate utensil:		
Medicine glass		
a. Hand the medicine glass to the resident, assisting as needed.	____	____
b. Assist the resident as needed to encourage swallowing.	____	____
NOTE: Remind residents to tilt their heads back slightly, if needed.		
c. Remain with the resident until the medication is taken.	____	____
d. Remove the remaining medication and the medicine glass.	____	____

Yes No

Oral (needleless) syringe or eyedropper with graduated markings

a. Place the tip of the syringe or eyedropper between the inside of the resident's cheek and the tongue. ____ ____

b. Press the plunger on the syringe or the bulb on the eyedropper slowly to release the medication. ____ ____

c. Assist the resident as needed to encourage swallowing. ____ ____

10. Observe the resident for any immediate side effects. ____ ____

11. Document the medication.

NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

FOLLOW UP THE MEDICATION ADMINISTRATION

12. Return the medication to its proper storage: ____ ____

a. Remove the remaining medication and all utensils.

b. Store the medication properly.

13. Wash or dispose of the syringe or eyedropper. ____ ____

14. Wash your hands. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS	____ ____ ____
AVERAGE RATING	**Evaluator note:** To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** – Can perform job with no additional training 3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required 2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill 1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 3

ADMINISTER MEDICATION

2

Name ______________________________

OBJECTIVE 16 **Administer oral medication in pill form.**

INTRODUCTION

Oral medication may be a tablet (pill), a capsule, or a liquid, and it may be given in several ways. The way it is given is not a choice for you or the resident to make; you and the resident must follow the doctor's orders.

EQUIPMENT AND MATERIALS

- Medication (in its container)
- Medication cup
- Glass of water (or semi-solid food substance such as applesauce or pudding, if allowed with medication and by dietary restrictions)

PROCEDURE

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Verify the rights of medication administration.	____	____
4. Explain the procedure to the resident.	____	____
5. Position the resident to make swallowing easy.	____	____

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

General Relating Skills
- Interact with clients/customers/patients

CAUTION: Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

Cognitive Activities Skills

- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills

- Master specific job task/procedure

Yes No

PREPARE THE DOSAGE

6. Pour the correct number of tablets or capsules into the lid of the medicine container/bottle or directly into the medication cup. ____ ____

ADMINISTER THE MEDICATION

7. Give the resident the medication. ____ ____

8. Instruct the resident to chew the medication (if indicated on the label). ____ ____

9. Instruct the resident to swallow the medication. ____ ____

10. Observe the resident until the medication is swallowed. ____ ____

11. Observe the resident for any immediate side effects. ____ ____

12. Document the medication.

NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

FOLLOW UP THE MEDICATION ADMINISTRATION

13. Return the medication to its proper storage:

    a. Remove the remaining medication and all utensils. Clean utensils, if necessary. ____ ____

    b. Store the medication properly. ____ ____

14. Wash your hands. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB
SHEET 4

ADMINISTER MEDICATION

2

Name ______________________________

OBJECTIVE 17

Administer topical medication.

INTRODUCTION

Topical medications are applied to a specific area of the body to treat an infection, relieve pain or cleanse a wound. Lotions, ointments and medicated dressings are all examples of topical medications. Many topical medications are spread directly on the affected area. Some topical medications are spread on dressings that are then applied to affected areas. Topical medications may need to be applied generously or sparingly. Follow the directions for the specific topical medication you are administering. If the resident may try to remove the medication, cover the medication.

EQUIPMENT AND MATERIALS

- Medication (in its container)
- Dressings, if required
- Clean, disposable gloves
- Tongue depressors, cotton swabs, cotton balls or other applicators

PROCEDURE

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____
6. Position the resident for application of topical medication, exposing the area to be treated.	____	____

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

General Relating Skills
- Interact with clients/customers/patients

Cognitive Activities Skills
- Transfer knowledge/training to new situations

Job Acquisition/Development Skills
- Master specific job task/procedure

	Yes	No
PREPARE THE DOSAGE		
7. Prepare the topical medication:		
a. Determine method of application.	____	____
b. Determine if medication is to be applied sparingly or generously.	____	____
ADMINISTER THE MEDICATION		
8. Apply the medication to the resident using the appropriate method:		
a. Use a tongue depressor, cotton swab, cotton balls or other utensil to apply medication.	____	____
b. Apply the correct amount of medication.	____	____
c. Rub gently into the skin, if required.	____	____
d. Apply dressing, if needed.	____	____
9. Observe the resident for any immediate side effects.	____	____
10. Document the medication.	____	____

NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

	Yes	No
FOLLOW UP THE MEDICATION ADMINISTRATION		
11. Return the medication to its proper storage:	____	____
a. Remove the remaining medication and all utensils.	____	____
b. Store the medication properly.	____	____
12. Remove the gloves and properly dispose of them.	____	____
13. Wash your hands.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 5

ADMINISTER MEDICATION

2

Name ______________________________

OBJECTIVE 18

Administer eye medication.

INTRODUCTION

A number of medications are administered by placing them directly on the affected area. Eye drops, ear medications, and nasal sprays all fall into this category. Although these medications are administered outside of the body, they are still an important part of the resident care plan and should be administered with care.

The most important consideration when administering eye medications is to use aseptic technique. Your hands, the medication, the dispenser, and all supplies used in giving eye medications must be free of germs. An infection of the eye can be quite dangerous and can result in loss of vision.

- Make sure any drug that you use for the eye is clearly marked "for ophthalmic use" before you administer it.
- If resident is an infant, use sterile cotton balls to help open the infant's eyelids.
- Avoid using eyecups; they can spread infection easily.

EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Clean, disposable gloves
- Cotton balls
- Pillow

PROCEDURE

Functional Reading Skills
- Follow written instructions

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____

Functional Math Skills
- Make measurements

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

	Yes	No
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____
6. Have the resident tilt head back.	____	____

ADMINISTER THE MEDICATION

	Yes	No
7. With the forefinger or thumb of one hand, gently pull the resident's lower eyelid down.	____	____

CAUTION: Do NOT press on the eyeball. Pressing on the eyeball may cause injury to the resident.

	Yes	No
8. Ask the resident to look upward (to remove the sensitive cornea from the point of instillation).	____	____
9. Approaching the resident's eye from below the resident's field of vision, hold the dropper about one inch above the eye.	____	____

NOTE: If necessary, steady your hand against the resident's forehead.

	Yes	No
10. Place the prescribed number of drops in the center of the lower eyelid. (If you are administering ointment, place a line of ointment along the lower eyelid from the inside to the outside).	____	____

CAUTION: Do NOT allow the dispenser itself to touch the eye! Touching the eye may result in injury to the resident.

	Yes	No
11. Ask the resident to close the eye.	____	____

Yes No

12. Wipe excess drops of medication from the resident's face with a tissue. _____ _____

NOTE: If the resident's eye starts to water, then blot the water. Do not rub; rubbing will irritate the eye and may wipe away needed medication.

13. Apply dressing, if needed. _____ _____

14. Advise the resident not to rub the eye. (Moving the eye under the closed eyelid is alright.) _____ _____

15. Observe the resident for any immediate side effects. _____ _____

16. Document the medication. _____ _____

NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

FOLLOW UP THE MEDICATION ADMINISTRATION

17. Return the medication to its proper storage:
    a. Remove the remaining medication and all utensils. _____ _____
    b. Store the medication properly. _____ _____

18. Clean the area. _____ _____

19. Remove the gloves and dispose of them properly. _____ _____

20. Wash your hands. _____ _____

_____ _____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 6 — ADMINISTER MEDICATION 2

Name ______________________________

OBJECTIVE 19 **Administer ear medication.**

INTRODUCTION

A number of medications are administered by placing them directly on the affected area. Eye drops, ear medications, and nasal sprays all fall into this category. Although these medications are administered outside of the body, they are still an important part of the resident's care plan and should be administered with care.

- Hold or have resident hold bottle of eardrops in hands for a few minutes to warm medication to body temperature before inserting; cold eardrops can cause pain, nausea, and vomiting.

⚠ **CAUTION:** Do NOT heat the bottle in hot water, in a microwave, or on a stove. Medication that is too hot may cause injury to the resident. Use your hands only.

- Do not allow the dropper to touch any part of the ear.
- Do not put dropper into the ear.
- Do not use cotton ear plugs unless specified on care plan or medication label; if they are ordered, do not pack plugs tightly in the ears.

EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Clean, disposable gloves
- Cotton balls
- Pillow

PROCEDURE

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

	Yes	No
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____
6. Turn the resident's head so that the ear being treated faces upward.	____	____
PREPARE THE DOSAGE		
7. Shake the medication, if needed.	____	____
8. If you are using a medicine dropper, place the tip of the dropper into the medication and squeeze the bulb until the medication fills the dropper to the correct dosage.	____	____
ADMINISTER THE MEDICATION		
9. Pull the upper ear gently to expose the orifice.	____	____
10. Gently squeeze the bulb to release the medication against the inside wall of the canal.	____	____
11. Place a small cotton ball, if ordered, in the outer ear to cover the orifice.	____	____
NOTE: Do not pack the cotton ball tightly into the ear.		
12. Ask the resident to lie on one side for a few minutes (so the drops can reach the eardrum).	____	____
13. Observe the resident for any immediate side effects.	____	____

Yes No

14. Document the medication. _____ _____

    NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

FOLLOW UP THE MEDICATION ADMINISTRATION

15. Return the medication to its proper storage. _____ _____
16. Clean the area. _____ _____
17. Remove the gloves and properly dispose of them. _____ _____
18. Wash your hands. _____ _____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill

1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 7

ADMINISTER MEDICATION

2

Name ____________________

OBJECTIVE 20

Administer nasal medication.

INTRODUCTION

A number of medications are administered by placing them directly on the affected area. Eye drops, ear medications, and nasal sprays all fall into this category. Although these medications are administered outside of the body, they are still an important part of the resident's care plan and should be administered with as much care as any other medication.

- Avoid cross-contamination of germs by giving the resident nose drops only from his or her own bottle of nasal solution.

EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Clean, disposable gloves
- Cotton balls
- Pillow

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

Yes No

6. Ask the resident to gently blow his/her nose. ____ ____

7. Have the resident lie down with shoulders on a pillow. ____ ____

⚠ **CAUTION:** Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

PREPARE THE DOSAGE

8. Shake the medication, if needed. ____ ____

9. If you are using a medicine dropper, place the tip of the dropper into the medication and squeeze the bulb until the medication fills the dropper to the correct dosage. ____ ____

ADMINISTER THE MEDICATION

10. Ask the resident to breathe through the mouth while you instill the drops. ____ ____

11. Hold the dispenser 1/3 to 1/2 inch inside the nasal passage and gently squeeze the bulb to instill the medication drop by drop. ____ ____

    NOTE: Avoid touching the nostril with the dispenser, if possible.

12. Have the resident remain a few minutes with head tilted back, to allow the medication to be absorbed. ____ ____

13. Advise the resident not to blow his/her nose for at least five (5) minutes. ____ ____

14. Observe the resident for any immediate side effects. ____ ____

	Yes	No
15. Document the medication.	____	____
NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."		
FOLLOW UP THE MEDICATION ADMINISTRATION		
16. Return the medication to its proper storage.	____	____
17. Clean the area.	____	____
18. Remove the gloves and dispose of them properly.	____	____
19. Wash your hands.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB
SHEET 8

ADMINISTER MEDICATION

2

Name ______________________________

OBJECTIVE 21 **Administer inhalant medication.**

INTRODUCTION

Inhalant medications are used for the treatment of respiratory problems. Inhalant medications are administered by breathing deeply or using a machine to apply a drug to the respiratory membrane.

EQUIPMENT AND MATERIALS

- Inhaler or atomizer
- Stopwatch, timer, or watch with a second hand
- Clean, disposable gloves

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

Yes No

6. Help the resident into an upright position. ____ ____

CAUTION: Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

PREPARE THE DOSAGE

7. Shake the atomizer well. ____ ____

   NOTE: Do not test spray the atomizer; doing so will reduce the number of doses the resident receives.

ADMINISTER THE MEDICATION

8. Ask the resident to exhale or breathe out fully. ____ ____

9. Immediately place the mouthpiece over the resident's tongue and well into the resident's mouth, making sure that the resident's lips seal tightly around the mouthpiece. ____ ____

10. As you press the atomizer between your thumb and forefinger, have the resident breathe in deeply through his or her mouth. ____ ____

    NOTE: You may have to seal the nostrils by gently pinching them between your thumb and forefinger.

11. Instruct the resident to continue inhaling deeply so that the medicine goes deep into the lungs. ____ ____

12. Remove the atomizer from the resident's mouth and have him or her breathe out gently. ____ ____

	Yes	No
13. Wait 60 seconds (or according to label directions) before the second puff and repeat steps 7–12.	____	____
NOTE: Always follow the directions on the medication label.		
14. Observe the resident for any immediate side effects.	____	____
15. Document the medication.	____	____
NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."		
FOLLOW UP THE MEDICATION ADMINISTRATION		
16. Return the medication to its proper storage.	____	____
17. Clean the area.	____	____
18. Remove the gloves and dispose of them properly.	____	____
19. Wash your hands.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety and comfort maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill

1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 9

ADMINISTER MEDICATION

2

Name ______________________________

OBJECTIVE 22

Administer rectal suppository medication.

INTRODUCTION

Suppository medications are administered by inserting them either vaginally or rectally. Suppository medications are packaged individually in foil wrappers. Suppository medications are stored in a refrigerator to prevent the suppository from melting. When the suppository is inserted either vaginally or rectally, body temperature causes the suppository to melt and the medication to be distributed. When administering suppository medications be sure to provide the resident with privacy. Residents who are capable may wish to self-administer these medications.

EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Clean, disposable gloves
- Lubricating jelly

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____

General Relating Skills
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure

Yes No

6. Provide privacy for the resident by closing the room door or curtain. ____ ____

7. Have the resident lie on his or her side with upper leg flexed upward. ____ ____

⚠ **CAUTION:** Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

---

8. Keep the resident draped, exposing as little area as needed for administration. ____ ____

9. Examine the anal area to determine if there is feces in the rectum or other signs of contraindication. ____ ____

10. Dispose of gloves (if soiled) and put on clean, disposable gloves. ____ ____

PREPARE THE DOSAGE

11. Remove the suppository from the foil wrapper. ____ ____

12. Lubricate rounded end of suppository and lubricate gloved index finger of hand you will use to insert suppository. ____ ____

13. Ask the resident to inhale slowly to relax the anal area. ____ ____

14. Gently push apart resident's buttocks. ____ ____

15. Using gloved index finger, insert the suppository gently through anus and against rectal wall. ____ ____

NOTE: The suppository should be inserted about 10 cm (4 inches) in adults and 5 cm (2 inches) in children.

	Yes	No
16. Remove your finger and wipe the resident's anal area.	____	____
17. Ask the resident to remain lying down for at least 5 minutes.	____	____
18. Observe the resident for any immediate side effects.	____	____
19. After 5 minutes determine if the suppository expelled.	____	____
NOTE: If the suppository did not expell, reinsertion may be necessary.		
20. Document the medication.	____	____
NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."	____ ____	____ ____
	____	____

FOLLOW UP THE MEDICATION ADMINISTRATION

21. Return the medication to its proper storage.

22. Clean the area.

23. Remove the gloves and dispose of them properly.

24. Wash your hands.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety, comfort and privacy maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 10

ADMINISTER MEDICATION 2

Name ______________________________

OBJECTIVE 23 **Administer vaginal suppository medication.**

INTRODUCTION

Suppository medications are administered by inserting them either vaginally or rectally. Suppository medications are packaged individually in foil wrappers. Suppository medications are stored in a refrigerator to prevent the suppository from melting. When the suppository is inserted either vaginally or rectally, body temperature causes the suppository to melt and the medication to be distributed. When administering suppository medications be sure to provide the resident with privacy. Residents who are capable may wish to self-administer these medications.

EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Clean, disposable gloves
- Lubricating jelly

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

PREPARE TO ADMINISTER THE MEDICATION

	Yes	No
1. Check the care plan, medical consent form and medical release form before administering any medication.	____	____
2. Wash your hands.	____	____
3. Put on clean, disposable gloves.	____	____
4. Verify the rights of medication administration.	____	____
5. Explain the procedure to the resident.	____	____

General Relating Skills
- Interact with clients/customers/patients

Cognitive Activities Skills
- Transfer knowledge/training to new situations

Job Acquisition/Development Skills
- Master specific job task/procedure

	Yes	No
6. Provide privacy for the resident by closing the room door or curtain.	____	____
7. Have the resident lie on her back with knees bent upward.	____	____

CAUTION: Improper positioning may harm the resident. Review the care plan for proper positioning of the resident.

8. Keep the resident draped, exposing as little area as needed for administration.	____	____
9. Examine the genital area to determine signs of contraindication.	____	____
10. Dispose of gloves (if soiled) and put on clean, disposable gloves.	____	____

PREPARE THE DOSAGE

11. Remove the suppository from the foil wrapper.	____	____
12. Lubricate rounded end of suppository and lubricate gloved index finger of hand you will use to insert suppository.	____	____
13. Gently push apart resident's folds of the vagina.	____	____
14. Using gloved index finger, insert the suppository gently into the vaginal canal.	____	____

NOTE: The suppository should be inserted about the length of the finger 7.5-10 cm (3-4 inches).

	Yes	No
15. Remove your finger and wipe the resident's vaginal area.	____	____
16. Ask the resident to remain lying down for at least 10 minutes.	____	____
17. Observe the resident for any immediate side effects.	____	____
18. Document the medication.		

NOTE: Medication administration must always be documented. You will learn how to document in Unit 3, "Document Medication Administration and Resident Care."

FOLLOW UP THE MEDICATION ADMINISTRATION

	Yes	No
19. Return the medication to its proper storage.	____	____
20. Clean the area.	____	____
21. Remove the gloves and dispose of them properly.	____	____
22. Wash your hands.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident — Received medication only after verified rights of medication administration; resident's safety, comfort and privacy maintained throughout procedure	4	3	2	1
Medication — Medication administered correctly for the given type and form; medication prepared correctly; medication handled and stored correctly	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

OBJECTIVE SHEET

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

INTRODUCTION

The main purpose of documenting is to communicate information about each resident, in writing. This information is used by the MAT, and others, to provide appropriate care to each resident. If you make a mistake in documenting, then the resident may not receive the proper care by the next care provider. Documenting results in a permanent, *legal record* of the quality of care provided to each resident.

This unit presents general information about documenting. Your facility may have specific policies about the contents of resident records, who has access to these records, and how to document required information.

UNIT OBJECTIVE

After completing this unit, you will be able to explain the purposes and legal importance of documenting, identify basic information to be documented, identify general rules and common mistakes in documenting, distinguish between objective and subjective documentation, and document scenarios in resident care. You will show competency by completing the assignment sheets and by completing the written test with at least 85% accuracy.

PREREQUISITES

Before studying this unit, you should have successfully completed Unit 2 "Administer Medication" in *Medication Administration Technician.*

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Explain purposes of documentation.
2. Explain the legal importance of documenting.
3. List basic information to be documented.
4. Select from a list general rules for documenting.
5. Select from a list common mistakes in documenting.
6. List information that should be known when documenting medication effects.

7. Distinguish between objective and subjective documentation. (Assignment Sheet 1)

8. Document scenarios in resident care. (Assignment Sheet 2)

INFORMATION SHEET

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

OBJECTIVE 1

Optional Activities/ Resources available

Explain purposes of documentation.

- Documenting helps each resident receive *consistent and appropriate* care from the MAT or other care provider.
- Documenting helps insure that a resident requiring medication receives the correct medication, the correct dosage, and the correct administration of the medication.
- Documenting helps the MAT provide appropriate care by *communicating to the MAT* the care given to each resident, and the resident's response.
- Documenting supports the MAT and the facility by providing a *legal record* that the proper medication was given (administered) properly and that the MAT complied with all rules, regulations, and requirements.

OBJECTIVE 2

Optional Activities\ Resources available

Explain the legal importance of documenting.

- Documenting provides a legal record; complete and accurate documenting provides legal proof of the quality of care given to a resident.
- When administering medication, you are responsible for knowing the legal implications of documentation.
- Each aspect of medication administration requires documentation according to federal and state laws, as well as professional standards and facility policy.
- Inaccurate or incomplete documentation can result in legal penalties. Failure to document may result in the courts assuming failure to care. If a facility is sued for malpractice, documentation serves as a defense.

OBJECTIVE 3

Required Resource:
Transparency Master 1

Optional Activities/
Resources available

List basic information to be documented.

NOTE: To correctly document resident care, you must obtain certain information from the medication container or from the doctor's written orders. Regardless of what your forms look like, the following information must be documented on those forms.

- Resident's complete first and last name
- Name and strength of the medication exactly as written on the medication container

  EXAMPLE: 50 mg or 100 mg

- Dosage, in amount and frequency to be administered
- Route of administration

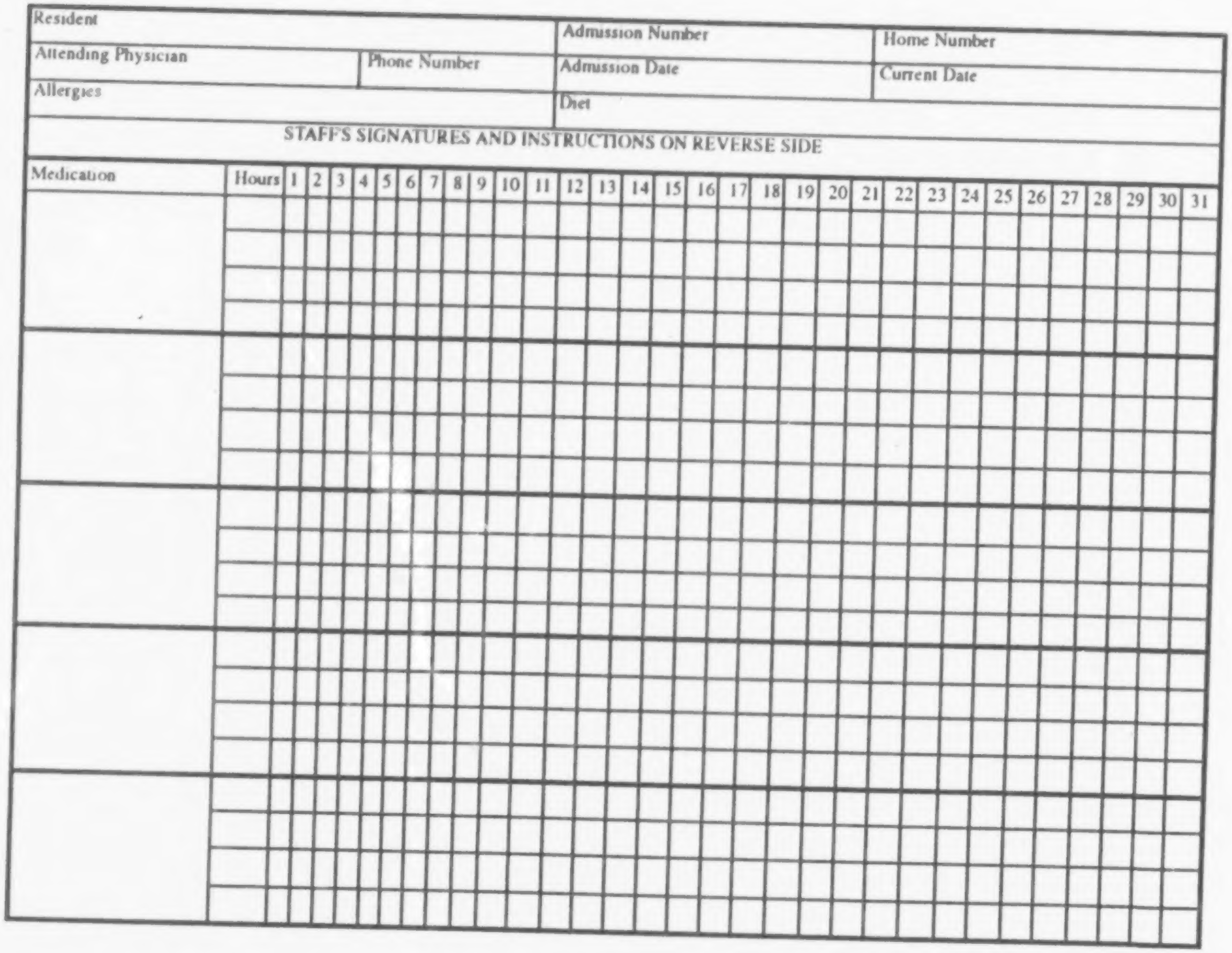
  EXAMPLE: Oral, inhalation, topical, etc.

- Any special orders about the timing of the administration

  EXAMPLE: Before meals, with food

- Complete date and time given, in a.m. or p.m., of each entry
- Resident's response to medications and other treatment
- Other information required by the facility

  NOTE: Anything that is unusual or out of the ordinary for a resident should be documented.



Resident		Admission Number	Home Number
Attending Physician	Phone Number	Admission Date	Current Date
Allergies		Diet	
STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE			

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

FIGURE 1. Sample form for documentation (side 1).

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: ______ BLOOD PRESSURE: _____

FIGURE 1. Sample form for documentation (side 2).

OBJECTIVE 4

Select from a list general rules for documenting.

Required Resources:
Transparency Masters
2 and 3

Optional Activities/
Resources available

NOTE: The following guidelines are general. You must be familiar with the policies of your facility that relate to documenting and resident records.

- Use the right forms.
- DOCUMENT YOUR OWN ACTIONS ONLY.

  NOTE: Never document for someone else. You are responsible for starting and finishing a procedure.
- Document the administration of medication within one (1) hour.

  NOTE: This is a requirement of the State Department of Health in its *Standards and Regulations for Licensure of Residential Care Homes in Oklahoma* and the *Standards and Regulations for Licensure of Group Homes in Oklahoma*. A court might assume that medication was not given if it was not documented. It is best to document administration of medication *immediately*.
- Document tasks as you finish them.

  NOTE: Never record a task or procedure that has not been completed. Never document by memory.
- Record only facts.

  NOTE: Do not record personal opinions, judgments, attitudes, or interpretations.
- Print or write clearly.
- Always use non-erasable ball-point pen.
- Use correct spelling, grammar, and punctuation.
- Use only the standard abbreviations approved at your facility.

⚠ **CAUTION:** Documenting the wrong abbreviation can seriously threaten the health of a resident. Never use a word or abbreviation if you are not sure what it means.

- Be specific.

  EXAMPLE: If a resident refuses a medication, record both (1) the fact that the resident refused the medication, as well as (2) the reason given by the resident for refusing the medication.

- Complete the information required at your facility:

- Write on every line.

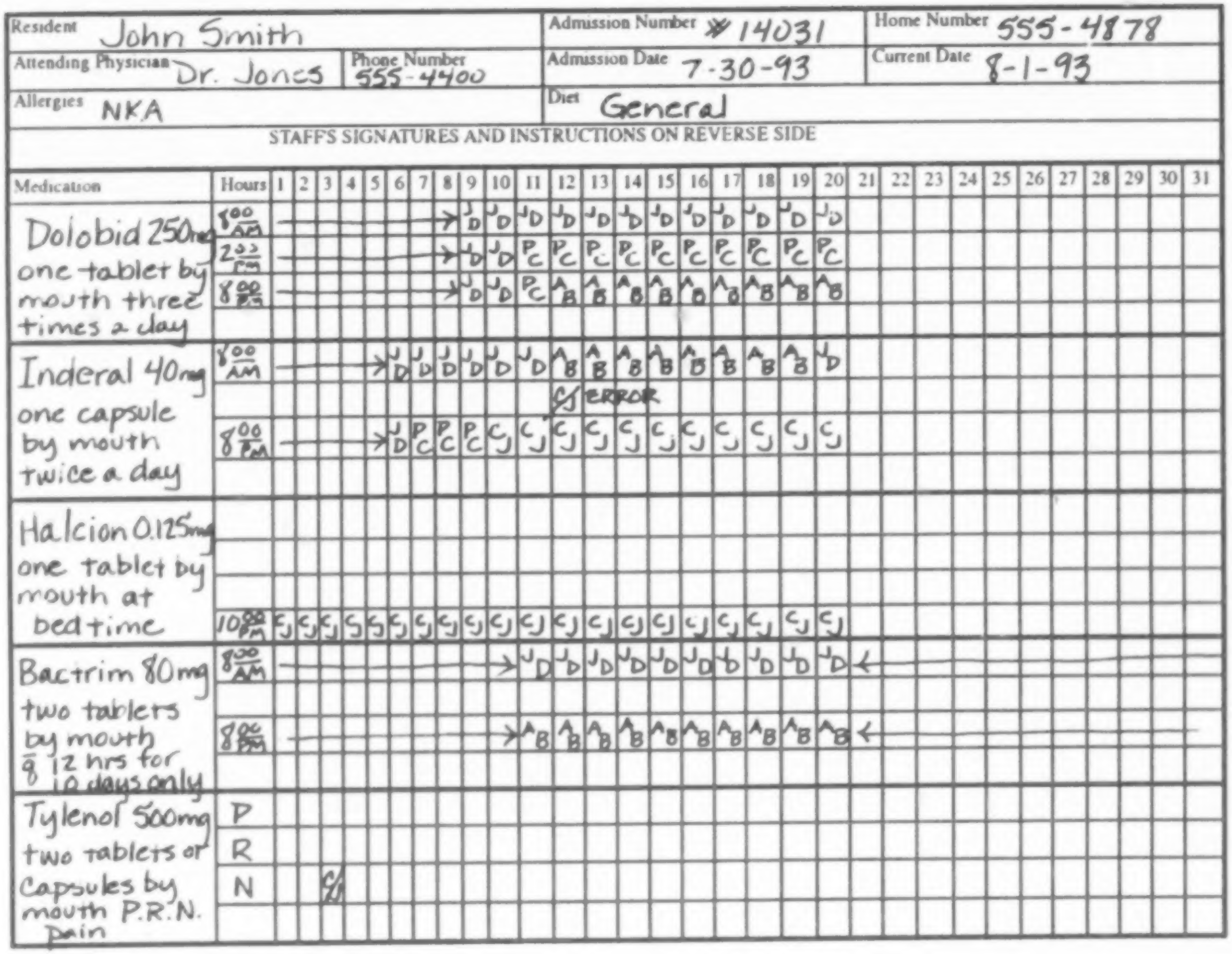
  NOTE: Do not add notes between the lines. Also, do not leave empty spaces; someone else could write in the space after you have signed the record.

- Acknowledge any errors on the form.

  NOTE: Follow the policies at your facility, such as identifying the error in the appropriate location on the form and adding your initials. Never erase an error or make it impossible to read.

- Document anything left out of an earlier entry as a new entry.

  NOTE: Never back-date or add to information that you documented earlier. Information that is documented late should be a new entry and labeled as "late entry."



Resident John Smith

Admission Number # 14031

Home Number 555-4878

Attending Physician Dr. Jones

Phone Number 555-4400

Admission Date 7-30-93

Current Date 8-1-93

Allergies NKA

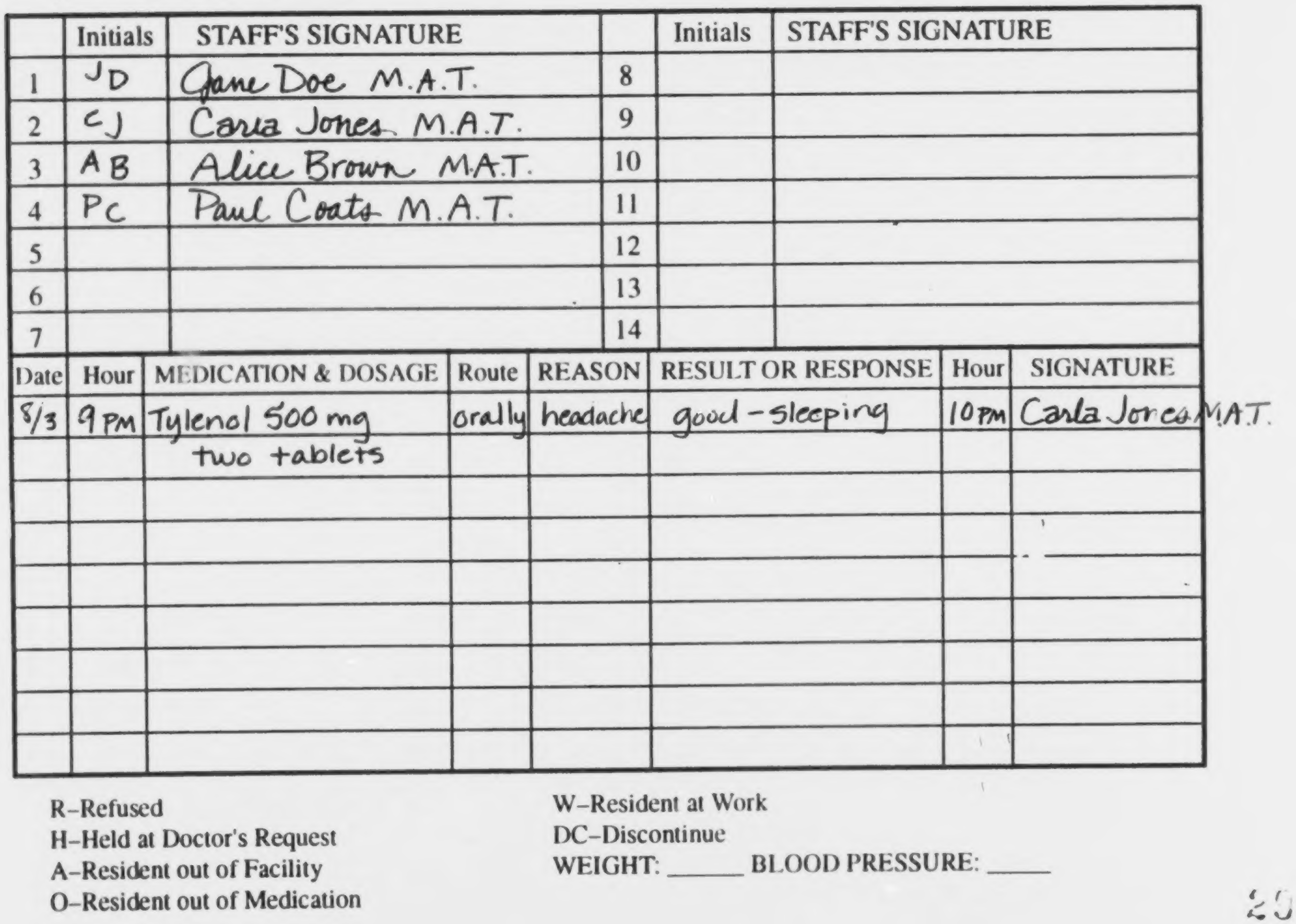
Diet General

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dolobid 250mg one tablet by mouth three times a day	8^{00} AM								→	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD											
	2^{00} PM								→	JD	JD	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC											
	8^{00} PM								→	JD	JD	PC	AB	AB	AB	AB	AB	AB	AB	AB	AB											
Inderal 40mg one capsule by mouth twice a day	8^{00} AM					→	JD	JD	JD	JD	JD	JD	AB	AB	AB	AB	AB	AB	AB	AB	JD											
													CJ	ERROR																		
	8^{00} PM					→	JD	PC	PC	PC	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ											
Halcion 0.125mg one tablet by mouth at bedtime																																
	10^{00} PM	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ											
Bactrim 80mg two tablets by mouth $\bar{q}$ 12 hrs for 10 days only	8^{00} AM										→	JD	JD	JD	JD	JD	JD	JD	JD	JD	JD	←										
	8^{00} PM										→	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	←										
Tylenol 500mg two tablets or capsules by mouth P.R.N. pain	P																															
	R																															
	N			CJ																												

8-12-93 Charted wrong space. CJ

FIGURE 2. Sample completed form (side 1).



	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1	JD	Jane Doe M.A.T.	8		
2	CJ	Carla Jones M.A.T.	9		
3	AB	Alice Brown M.A.T.	10		
4	PC	Paul Coats M.A.T.	11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE
8/3	9 PM	Tylenol 500 mg	orally	headache	good - sleeping	10 PM	Carla Jones M.A.T.
		two tablets					

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: ______ BLOOD PRESSURE: _____

FIGURE 2. Sample completed form (side 2).

Resident
Admission Number
Home Number

Attending Physician
Phone Number
Admission Date
Current Date

Allergies
Diet

STAFFS SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

H = HOME
W= WORK

Medication Count

DATE ____________ TIME ____________ AMOUNT ______________________________
DATE ____________ TIME ____________ AMOUNT ______________________________
DATE ____________ TIME ____________ AMOUNT ______________________________
DATE ____________ TIME ____________ AMOUNT ______________________________

FIGURE 3. Alternate sample form for documentation (side 1).

PRN's:

Staff	P.R.N.	Amount	Date	Time	Symptom(s)	Result & Time

Staff Names/Initials

FIGURE 3. Alternate sample form for documentation (side 2).

OBJECTIVE 5

Optional Activities/
Resources available

Select from a list common mistakes in documenting.

- Forgetting to document information

  NOTE: A court may assume that medication was not administered if it was not documented.

- Documenting information outside of the required time period

  NOTE: You might forget important information if you fail to document it promptly. Information should be documented *immediately* but must be documented within one hour.

- Failing to be specific

- Recording your personal opinions

  NOTE: Recording your personal opinions about a resident can affect the care given to that resident. Another MAT or other staff member could be influenced by your recorded opinion and develop the wrong attitude about the resident.

- Using the wrong abbreviations

CAUTION: Documenting the wrong abbreviation can seriously threaten the health of a resident. Never use a word or abbreviation if you are not sure what it means.

- Writing poorly

  EXAMPLE: Writing that cannot be read by other staff members; using the wrong word or misspelling words

- Correcting errors improperly

  EXAMPLE: Erasing a mistake; scratching out a mistake

- Signing improperly

  NOTE: Forgetting to sign your documentation, or failing to sign your name clearly, can create questions about who is responsible for the documentation.

OBJECTIVE 6

List information that should be known when documenting medication effects.

- Purpose and desired (therapeutic) effect of the medication
- Side effects to watch for
- Possible interactions with other medications

  NOTE: If resident is seeing more than one doctor and/or more than one pharmacy is being used to supply medications, then extreme care must be taken to communicate with the doctor and/or pharmacist about all medications that the resident is using.

- Behavior plan of the resident

ASSIGNMENT SHEET 1

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

3

Name ______________________________ Score ________

OBJECTIVE 6

Distinguish between objective and subjective documentation.

INTRODUCTION

One of the most common mistakes in documenting is for the MAT to write subjective information. Subjective information is information that is based on judgments and opinions. When documenting you should document objective information. Objective information is based on facts. Subjective documenting is inappropriate because it communicates how you feel about the resident's condition and not the actual condition of the resident.

INSTRUCTIONS

Reading Comprehension Skills
- Distinguish fact, opinion and inference

Functional Reading Skills
- Follow written instructions

Language Skills
- State ideas clearly

Part I

- Read each statement carefully. If the statement refers to subjective documentation, write an "S" in the blank before the statement; if the statement refers to objective documentation, write an "O" in the blank before the statement.

Part II

- If you have placed an "S" in front of a statement, rewrite the statement so that it would be objective. Use the space below each statement.

_____ 1. Resident ate well.

____

_____ 2. Blood pressure was 120/90 at 10 p.m.

____

_____ 3. At 8:00 p.m. temperature taken orally was 99.0° F.

____

_____ 4. Two tablets of Tylenol® 500 mg were given orally at 10:00 p.m. for headache.

____

_____ 5. Resident was confused and in a bad mood.

____

_____ 6. Resident ate all of afternoon meal.

____

_____ 7. Pulse rate was 70 at 6:00 a.m.

____

_____ 8. Resident stated that "she felt a throbbing pain in her head behind her eyes."

____

_____ 9. Resident had trouble taking medication.

____

_____ 10. Blood pressure was high.

____

ASSIGNMENT SHEET 2

DOCUMENT MEDICATION ADMINISTRATION AND RESIDENT CARE

Name ______________________________ Score ________

OBJECTIVE 7 **Document scenarios in resident care.**

INTRODUCTION As a MAT one aspect of your duties is to document resident care. It is critical that your documentation be complete and accurate. Incomplete or inaccurate documentation can put the resident at risk of not receiving the proper care.

INSTRUCTIONS Read each of the scenarios below, then document the cases on the documentation charts. Document the cases for a 24-hour time period.

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Use content area vocabulary

Functional Writing Skills
- Complete forms and records

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

1. John Roberts is a resident who is staying in the facility where you work. He is mildly retarded and has a history of psychosis. He also has a seizure disorder. His medications include 100 mg. of Mellaril® twice per day and 800 mg. of Tegretol® twice per day. He can also take 500 mg. of Tylenol® PRN. John awakens at 6:00 a.m. and complains of a backache.

2. Sue Jones is a long-term elderly resident who is fairly independent. Sue has a manic depressive disorder and currently has an upper respiratory infection. Her medications include a 900 mg. daily dosage of Lithobid® given in three doses and 250 mg. of Erythromycin® administered four times a day with food. She can also take 500 mg. of Tylenol® and an over-the-counter cough syrup PRN. Sue requests cough syrup at 9:00 p.m. while getting ready for bed.

3. Jack Johnson is a long-term resident in a residential care facility. He has an upper respiratory infection. His medications include Erythromycin® administered four times a day with food. He refuses to take the medication, stating that it makes him nauseous.

Resident		Admission Number	Home Number
Attending Physician	Phone Number	Admission Date	Current Date
Allergies		Diet	

STAFFS SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Documentation form for scenario 1 (side 1).

Documentation form for scenario 1 (side 2).

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: _____ BLOOD PRESSURE: _____

Resident | Admission Number | Home Number

Attending Physician | Phone Number | Admission Date | Current Date

Allergies | Diet

STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Documentation form for scenario 2 (side 1).

Documentation form for scenario 2 (side 2).

STUDENT WORKBOOK - Medication Administration Technician
ASSIGNMENT SHEET 2 - CIMC - 3 - 22

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			8		
2			9		
3			10		
4			11		
5			12		
6-			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: _____ BLOOD PRESSURE: ____

Resident		Admission Number	Home Number
Attending Physician	Phone Number	Admission Date	Current Date
Allergies		Diet	
STAFF'S SIGNATURES AND INSTRUCTIONS ON REVERSE SIDE			

Medication	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Documentation form for scenario 3 (side 1).

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

Date	Hour	MEDICATION & DOSAGE	Route	REASON	RESULT OR RESPONSE	Hour	SIGNATURE

R–Refused
H–Held at Doctor's Request
A–Resident out of Facility
O–Resident out of Medication

W–Resident at Work
DC–Discontinue
WEIGHT: _____ BLOOD PRESSURE: _____

Documentation form for scenario 3 (side 2).

OBJECTIVE SHEET

OBTAIN VITAL SIGNS

4

INTRODUCTION

Vital signs include temperature, pulse, respiration and blood pressure. Obtaining the vital signs will help to detect any changes in the normal body functions of a resident. When the body is not functioning normally, measurable changes occur in the vital signs. This change can signal an illness or disease process. It will also help to show the success of a medical treatment. *Vital signs can indicate a minor change or a life-threatening situation.* As a MAT, you may have to obtain and document the vital signs of residents.

UNIT OBJECTIVE

After completing this unit, you will be able to read a mercury thermometer, read sphygmomanometer gauges, clean and shake down a mercury thermometer, take an oral temperature using a mercury thermometer and an electronic thermometer, take a rectal and axillary temperature using a mercury thermometer, take a radial pulse rate and respiratory rate, and take blood pressure. You will show competency by mastering the vital signs activities in the assignment and job sheets and completing the written test with at least 85% accuracy.

SPECIFIC OBJECTIVES

After completing this unit, you will be able to:

1. Define the vital signs.
2. Write the symbols for documenting vital signs.
3. Locate the pulse points on the human body.
4. Define the items that describe a pulse.
5. Define the items that describe respiration.
6. List the normal ranges of vital sign readings.
7. Identify the impact of factors affecting vital sign readings.
8. Read a mercury thermometer. (Assignment Sheet 1)

9. Read a sphygmomanometer gauge. (Assignment Sheet 2)
10. Clean a mercury thermometer. (Job Sheet 1)
11. Shake down a mercury thermometer. (Job Sheet 2)
12. Take an oral temperature using a mercury thermometer. (Job Sheet 3)
13. Take a temperature using an electronic thermometer. (Job Sheet 4)
14. Take a rectal temperature using a mercury thermometer. (Job Sheet 5)
15. Take an axillary temperature using a mercury thermometer. (Job Sheet 6)
16. Take a radial pulse rate and respiratory rate. (Job Sheet 7)
17. Take blood pressure. (Job Sheet 8)

INFORMATION SHEET

OBTAIN VITAL SIGNS 4

OBJECTIVE 1

Required Resource: Transparency Master 1

Optional Activities/ Resources available

Define the vital signs.

WORDS YOU SHOULD KNOW	
systolic pressure	The amount of pressure against the walls of blood vessels when the heart is contracting or forcing the blood through the vessels; recorded as the top number of the blood pressure reading
diastolic pressure	The amount of pressure against the walls of blood vessels when the heart relaxes between each beat; recorded as the bottom number of the blood pressure reading

- **Blood pressure** – the force of blood pushing against the walls of blood vessels, recorded in millimeters of mercury (mmHg); the reading includes the systolic pressure (top number) and the diastolic pressure (bottom number)
- **Pulse** – a measurement of how fast the heart is beating, measured in beats per minute
- **Respiration** – the act of breathing in (inspiration) and breathing out (expiration)
- **Temperature** – the amount of heat in the body

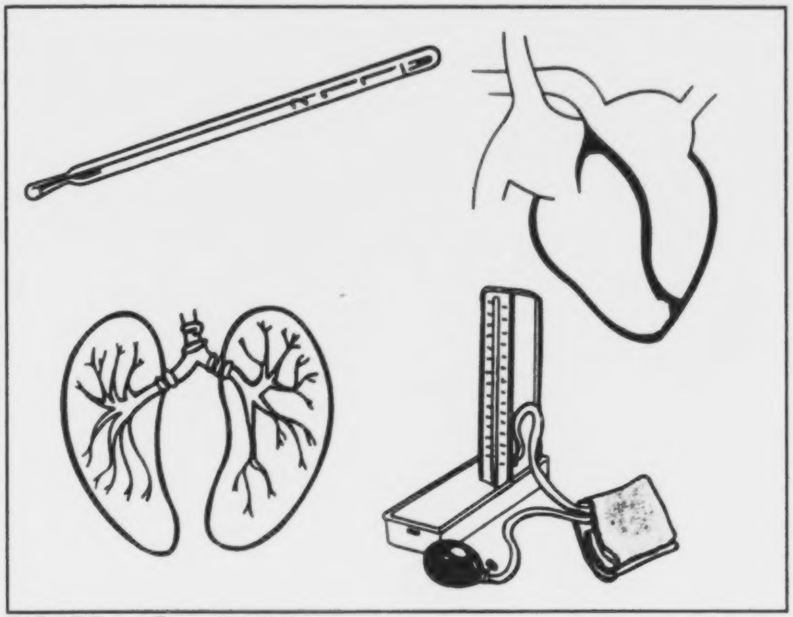


FIGURE 1. The vital signs.

OBJECTIVE 2 **Write the symbols for documenting vital signs.**

Required Resource:
Transparency
Master 2

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
axillary	Relating to the armpit; a temperature is taken by placing the thermometer snugly in the armpit
centigrade	A temperature scale having zero degrees as the freezing point and 100 degrees as the boiling point; also referred to as Celsius
Fahrenheit	A temperature scale having 32 degrees as the freezing point and 212 degrees as the boiling point
oral	Relating to the mouth; a temperature is taken by placing the thermometer in the mouth and under the tongue
rectal	Relating to the rectum; a temperature is taken by inserting the thermometer gently into the anus

Blood pressure = B/P

Centigrade/Celsius = C

Degree = °

Fahrenheit = F

Temperature = T.

NOTE: Your employer may require that you indicate the method when documenting a temperature reading, such as "Ax." for axillary, "R." for rectal, or "O." for oral.

Pulse = P.

Respiration = R.

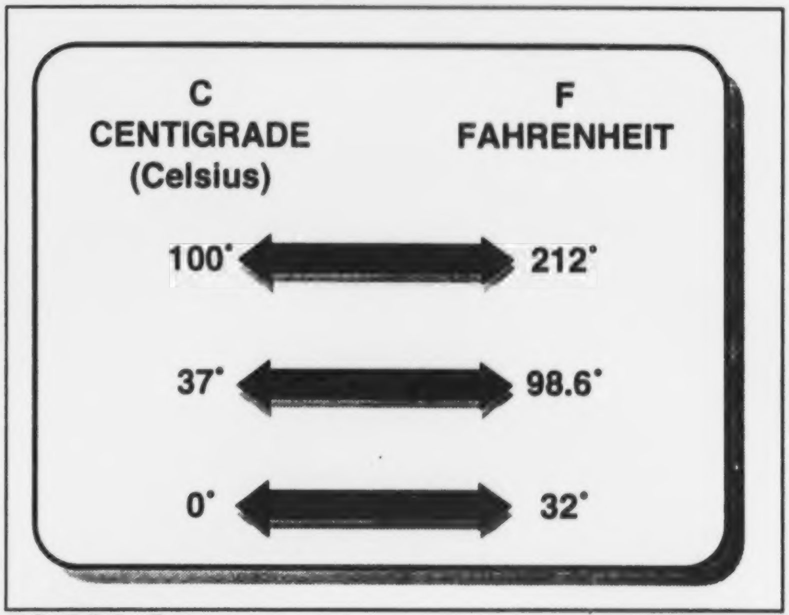

C
CENTIGRADE
(Celsius)
F
FAHRENHEIT
100°
212°
37°
98.6°
0°
32°

FIGURE 2. Temperature scales.

OBJECTIVE 3 **Locate the pulse points on the human body.**

Required Resource:
Transparency Master 3

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
apical	Relating to the heart
artery	Blood vessels that take blood from the heart to the rest of the body
radial	Relating to the wrist
stethoscope	An instrument used to listen to internal body sounds, such as the heartbeat

NOTE: Pulse can be measured directly over the heart (apical pulse) by using a stethoscope, or by feeling specific arteries in the body.

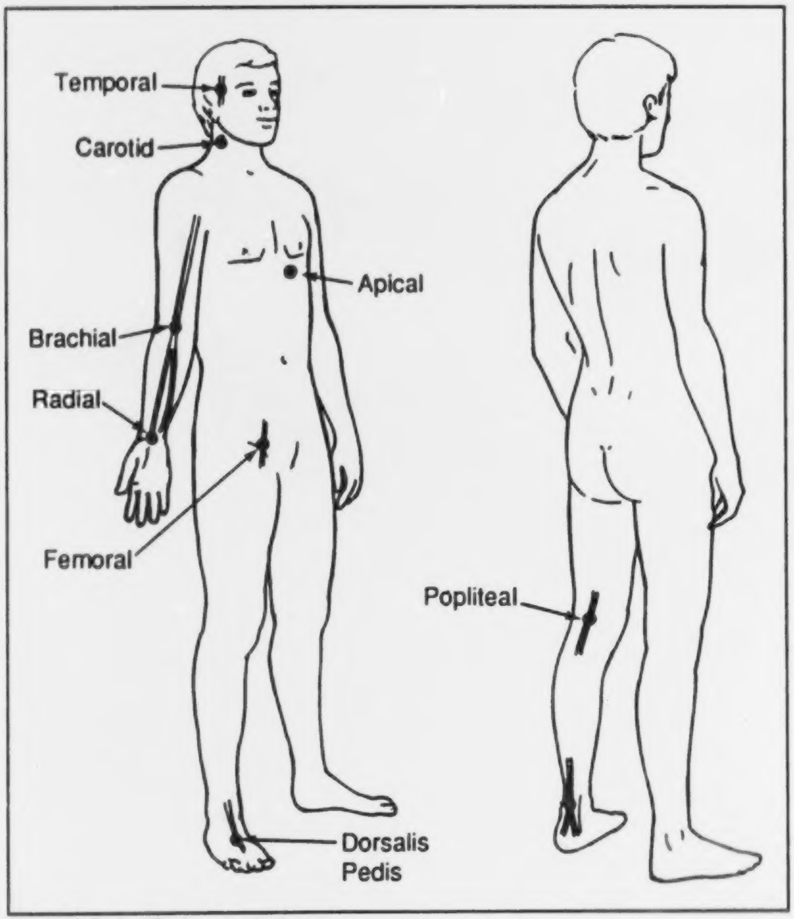

Temporal
Carotid
Apical
Brachial
Radial
Femoral
Popliteal
Dorsalis Pedis

FIGURE 3. Pulse points.

OBJECTIVE 4

Optional Activities/
Resources available

Define the items that describe a pulse.

- **rate** – how many times the heart beats per minute
- **rhythm** – how regular or irregular the heart beats
- **force** – how strongly the heart beats

OBJECTIVE 5

Define the items that describe respiration.

- **rate** – how many times the person inhales and exhales in one minute

  NOTE: One respiration means inhaling once and exhaling once.
- **rhythm** – how regular or irregular the person breathes
- **depth** – how deeply the person breathes

  EXAMPLE: Normal, deep, shallow

OBJECTIVE 6 **List the normal ranges of vital sign readings.**

Required Resources:
Transparency
Masters 4-8

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
sphygmomanometer	An instrument used for measuring blood pressure; there are two types of sphygmomanometers, aneroid and mercury
thermometer	An instrument used to measure temperature; there are three types of thermometers: mercury in glass, electronic, and disposable **NOTE:** The procedure for taking temperatures with electronic thermometers will vary according to the type of electronic thermometer you are using.

NOTE: "Normal" readings for the vital signs of temperature, pulse, respiration, and blood pressure vary with each person. However, a reading that is within the following ranges may be considered "normal" for adults.

TEMPERATURE		F	C
	Oral	97.6°- 99.6°	36.5°- 37.5°
	Rectal	98.6°- 100.6°	37.0°- 38.0°
	Axillary	96.6°- 98.6°	36.0°- 37.0°

PULSE 60-100 beats per minute

RESPIRATION 14-20 per minute

NOTE: In children, respirations are normally faster. In the elderly, respirations are normally slower.

BLOOD PRESSURE	Systolic:	100 to 140
	Diastolic:	60 to 90

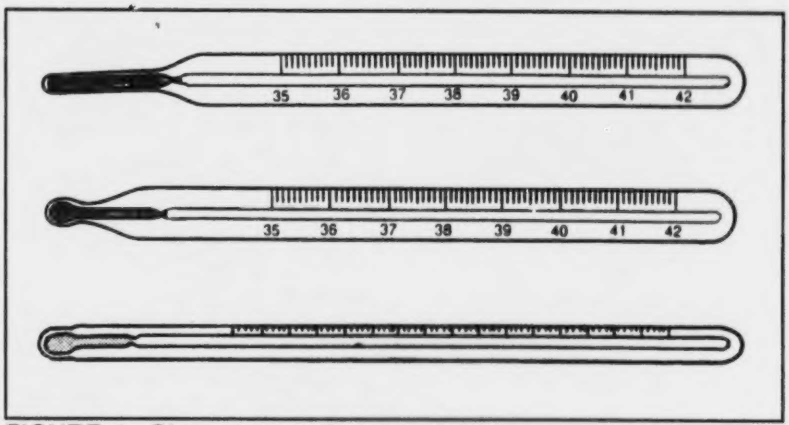

35
36
37
38
39
40
41
42
35
36
37
38
39
40
41
42

FIGURE 4. Glass mercury thermometers.

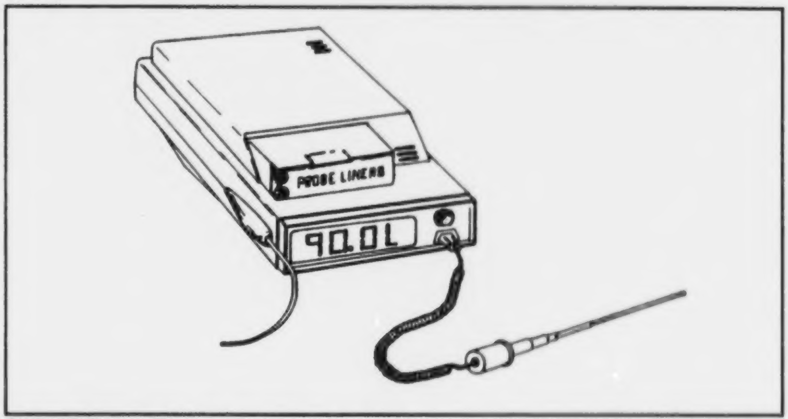

PROBE LINERS
90.0L

FIGURE 5. Electronic thermometer.

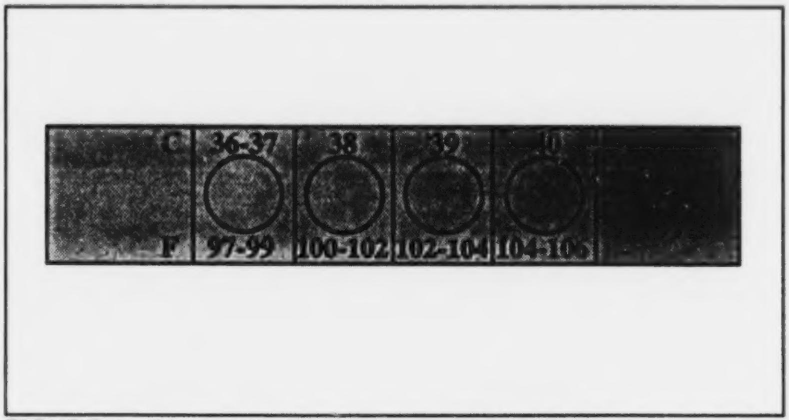

C
36-37
38
39
40
F
97-99
100-102
102-104
104-106

FIGURE 6. Disposable thermometer and forehead strip.

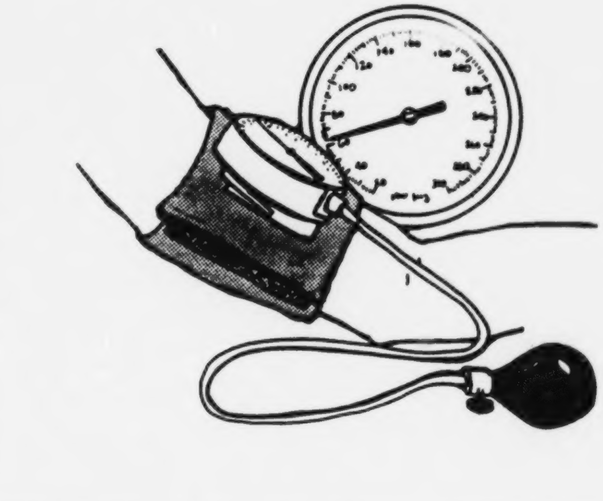


FIGURE 7. Aneroid sphygmomanometer.

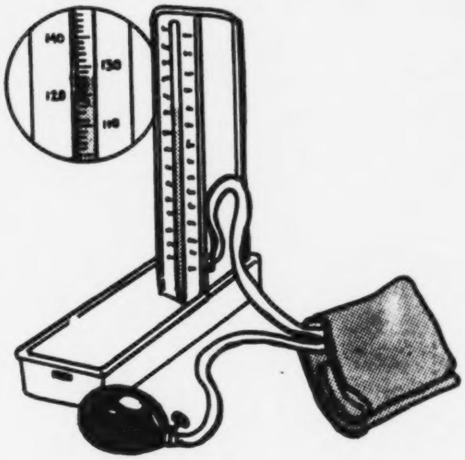


FIGURE 8. Mercury sphygmomanometer.

OBJECTIVE 7

Identify the impact of factors affecting vital sign readings.

Optional Activities/
Resources available

WORDS YOU SHOULD KNOW	
contraindication	A symptom or a situation that makes a treatment or procedure unwise

FACTORS AFFECTING TEMPERATURE READINGS

- **Age** – The heat-regulating mechanism is not fully developed in infants and young children, and is less efficient in elderly persons, leading to inaccurate readings.
- **Chewing** – Chewing before an oral temperature is taken can increase the reading.
- **Emotions** – Strong emotions such as excitement, anxiety, and nervousness can increase the amount of heat produced by active secreting glands.
- **Exercise and digestive processes** – Body temperature rises as activity increases.
- **External environment** – The temperature of the environment on the outside of the body will affect the temperature of the body. A higher or lower external temperature can lead to a higher or lower temperature reading.

  EXAMPLE: The temperature of a room
- **Foods and liquids** – Eating or drinking hot substances 10-15 minutes before an oral temperature is taken will increase the reading; cold substances will lower the reading.
- **Illness** – Infection and disease processes can increase or decrease body temperature.
- **Internal environment** – The amount of body fat, fluid, and the electrolyte balance affect body temperature.

  NOTE: Electrolytes – such as bicarbonate, calcium, chloride, potassium and sodium – maintain the body's fluid balance and are vital to the function of all cells.
- **Mouth breathing** – Breathing through the mouth will leave the mouth dry and cool, resulting in a lower reading for an oral temperature.

- **Pregnancy** – Pregnancy and the menstrual cycle affect body temperature.
- **Smoking** – Smoking before an oral temperature is taken can cause an increase or decrease in temperature reading.
- **Time of day** – Body temperature is usually highest in the mid-afternoon and lowest during sleep.

FACTORS AFFECTING PULSE AND RESPIRATORY READINGS

- **Age** – Pulse and respiratory rates are generally higher in infants and small children.
- **Emotions** – Excitement, fear or stress can increase pulse and respiratory rates.
- **Exercise** – Physical exertion will usually increase pulse and respiratory rates.
- **Illness** – Fever and infection will often increase the pulse rate; other illnesses and diseases can change pulse and respiratory rates.
- **Medications** – Many medications will change the pulse and respiratory rate.
- **Obesity** – Excess weight puts added stress on the heart and lungs, increasing the pulse and respiratory rate.
- **Pregnancy** – Pregnancy increases the volume of blood and fluid in the body, which increases the pulse rate in order to meet the extra demands on the heart.
- **Smoking** – Nicotine (in tobacco) increases pulse and respiratory rates.
- **Stimulants** – Consuming substances that contain caffeine will increase the pulse rate.

FACTORS AFFECTING BLOOD PRESSURE READINGS

- **Age** – A steady rise in blood pressure is normal in healthy people.
- **Body temperature** – Blood pressure tends to decrease when a person's body temperature is high or when the person is in a very warm environment.

- **Emotions** – Anger, fear and excitement can cause blood pressure to rise.
- **Exercise** – Blood pressure usually rises with exercise (or other strenuous activity).
- **Food** – Blood pressure will rise after food is eaten.
- **Gender** – Females usually have a lower blood pressure than males of the same age.
- **Medications** – Many medications, especially those for the heart or blood pressure, will affect blood pressure.

  NOTE: Know the effects of the medications that a resident is taking.
- **Position** – Blood pressure is generally lower when a person is lying down than when sitting or standing.
- **Smoking** – Smoking will generally increase blood pressure.

ASSIGNMENT SHEET 1

OBTAIN VITAL SIGNS

4

Name ______________________________ Score ________

OBJECTIVE 8 **Read a mercury thermometer.**

INTRODUCTION

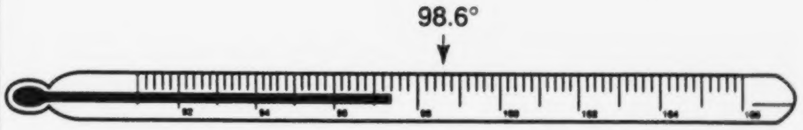
Accuracy is extremely important when taking a temperature. You must look at the thermometer carefully and be able to determine the correct temperature on a Fahrenheit thermometer and on a Centigrade (Celsius) thermometer. The term calibration refers to the lines on the scale of a thermometer, at intervals of two-tenths of a degree on a Fahrenheit thermometer and one-tenth of a degree on a Centigrade (Celsius) thermometer.

INSTRUCTIONS

- Determine the temperature shown on each thermometer drawing.
  - When reading a Fahrenheit thermometer, count two-tenths of a degree (0.2) between each calibration.
  - When reading a Centigrade (Celsius) thermometer, count one-tenth of a degree (0.1) between each calibration.
- Write the correct temperature in the blank below each drawing. Be sure to identify the correct type of thermometer in each answer, Fahrenheit or Centigrade.

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure



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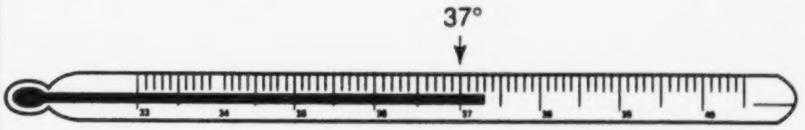

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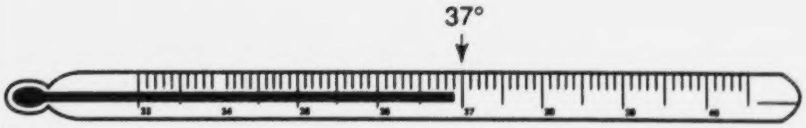

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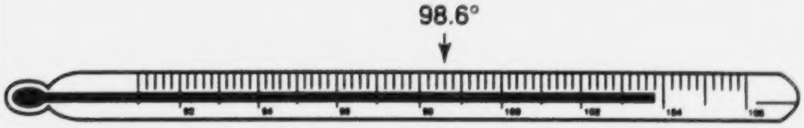

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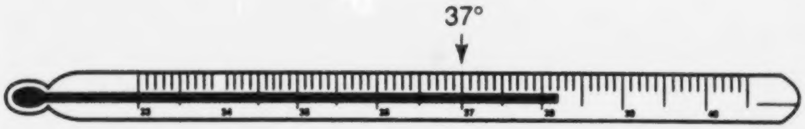

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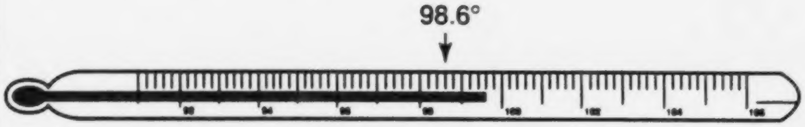


6. ____________________

ASSIGNMENT SHEET 2

OBTAIN VITAL SIGNS

Name ______________________________ Score ________

OBJECTIVE 9

Read sphygmomanometer gauges.

INTRODUCTION

A sphygmomanometer is an instrument used for measuring blood pressure. A sphygmomanometer can be a mercury type or an aneroid (dial) type. When using a mercury type to measure blood pressure, you must note the level of a column of mercury on a scale; when using an aneroid type, you must note the pointer on a dial. On both types, the calibrations are two millimeters of mercury (2 mmHg) apart. Calibrations are numbered every ten mmHg.

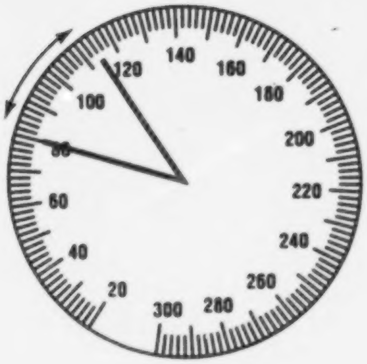
INSTRUCTIONS

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure

- Be familiar with the calibrations on aneroid and mercury sphygmomanometers. On both types, the calibrations are two millimeters of mercury (mmHg) apart. On the aneroid type, calibrations are numbered every 20 mmHg; on the mercury type, calibrations are numbered every 10 mmHg.
- Observe the manometer gauge at eye level when the first strong pulse is heard. This is the systolic pressure. Observe the manometer gauge at eye level when the last distinct loud sound is heard. This is the diastolic pressure. On the following illustrations of aneroid gauges, the direction of movement of the arrow indicates the first strong pulse and the last distinct loud sound; on the mercury gauges, the top and bottom of the shaded area indicates the first and last sounds.
- Write the blood pressure shown in each illustration.

EXAMPLE: 112/76



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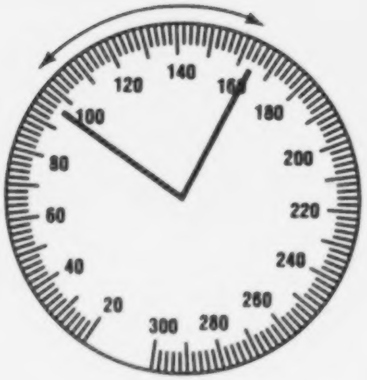

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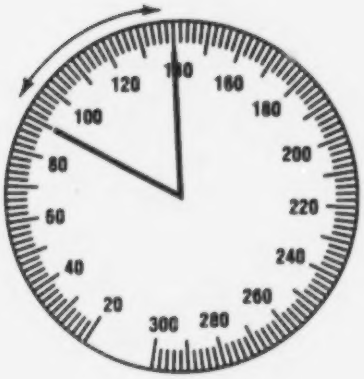
1. BP = ____________

2. BP = ____________



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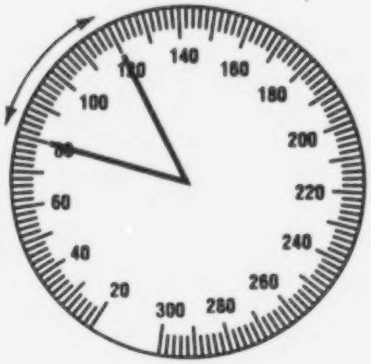

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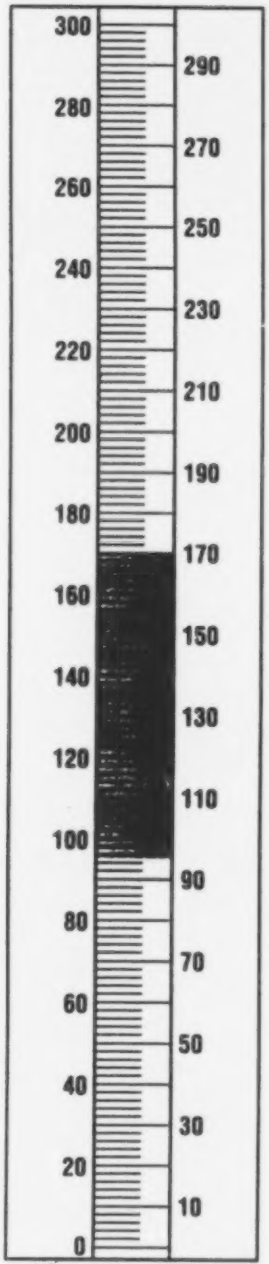
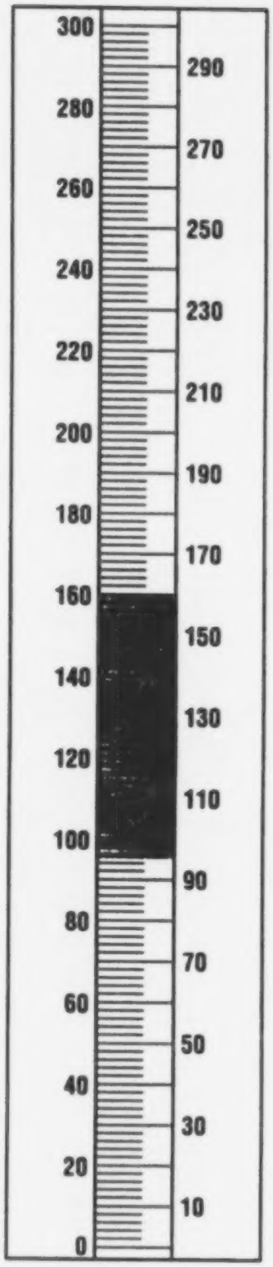
3. BP = ____________

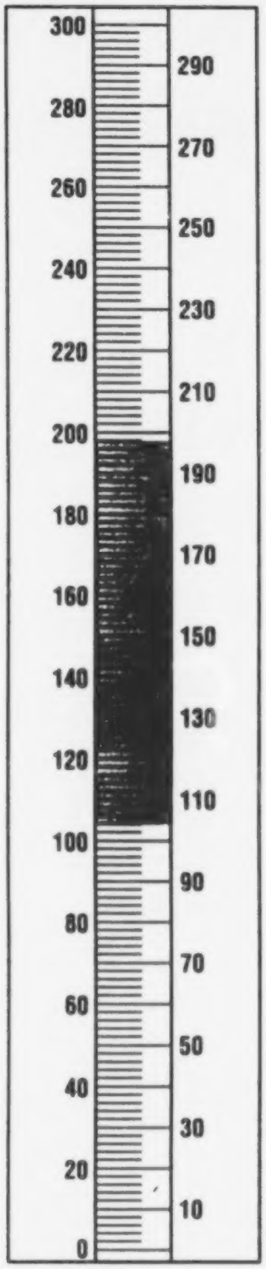
4. BP = ____________



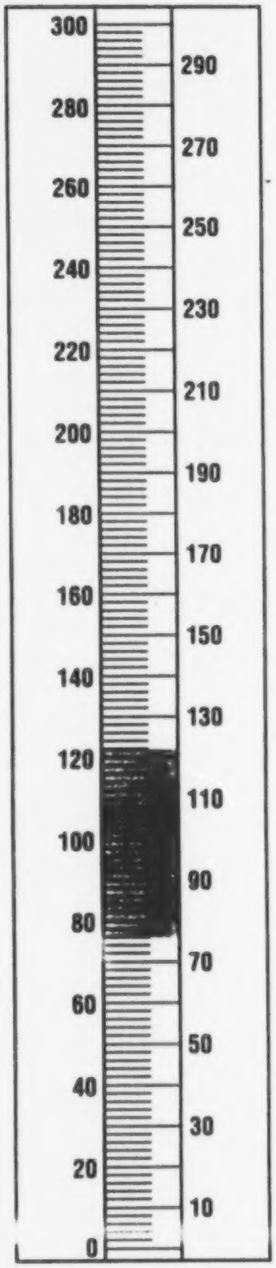
5. BP = ____________



6. BP = ____________



7. BP = ____________



8. BP = ____________

JOB SHEET 1 — OBTAIN VITAL SIGNS — 4

Name ______________________________

OBJECTIVE 10 **Clean a mercury thermometer.**

INTRODUCTION

Your employer may have a special method that you must follow for cleaning a thermometer. This procedure may include washing the thermometer, disinfecting it, then storing the thermometer. If your employer does not have a special method, then you can clean the thermometer with soap and cool water.

EQUIPMENT AND SUPPLIES

- Mercury thermometer
- Soap
- Cool tap water
- Cotton balls
- Antiseptic solution for disinfecting
- Two small basins

PROCEDURE

Functional Reading Skills
- Follow written instructions

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

	Yes	No
1. Wash your hands.	____	____
2. Fill one basin with cool water and soap.	____	____

⚠ **CAUTION:** MERCURY IS A POISON. Never use warm water or hot water to clean a mercury thermometer. Warm or hot water may cause the glass to crack.

NOTE: Washing the thermometer under running water is also appropriate.

3. Wash the thermometer:

	Yes	No
a. Place the thermometer in the soapy water.	____	____

	Yes	No
b. Using cotton balls, wipe the thermometer from the stem downward to the bulb.	____	____
NOTE: Always hold a mercury thermometer by the stem, not by the bulb end. If you hold the thermometer by the bulb end, your own body heat could affect the temperature reading and your hands could contaminate the clean bulb.		
c. Rinse the thermometer in cool water.	____	____
d. If you are not going to disinfect the thermometer, then dry the thermometer with clean, dry cotton balls. Go to Step 5.	____	____
4. Disinfect the thermometer:		
a. Place the thermometer in a basin of antiseptic solution for at least one minute.	____	____
b. Remove the thermometer from the solution and rinse the thermometer with cool water.	____	____
c. Dry the thermometer with clean, dry cotton balls.	____	____
5. Return the thermometer to its proper storage.	____	____
6. Clean the area and return equipment and supplies to their proper storage.	____	____
7. Wash your hands.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Thermometer is properly washed.	4	3	2	1
Thermometer is properly disinfected (if applicable).	4	3	2	1
Thermometer is properly stored.	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING	**Evaluator note:** To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** – Can perform job with no additional training 3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required 2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill 1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 2

OBTAIN VITAL SIGNS

4

Name ____________________

OBJECTIVE 11

Shake down a mercury thermometer.

INTRODUCTION

The mercury in a mercury thermometer will stay at its last reading until someone shakes the thermometer. To obtain an accurate temperature reading, you must shake the thermometer to make sure that the mercury level is lower than the resident's body temperature at the start of the procedure. You should shake down the thermometer before and after each use.

EQUIPMENT AND SUPPLIES

- Mercury thermometer

PROCEDURE

Functional Reading Skills
- Follow written instructions

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

	Yes	No
1. Wash your hands.	____	____
2. Hold the thermometer by the stem between your thumb and index finger.	____	____

NOTE: Always hold a mercury thermometer by the stem, not by the bulb end. If you hold the thermometer by the bulb end, your own body heat could affect the temperature reading and your hands could contaminate the clean bulb.

	Yes	No
3. Check the thermometer to make sure that it is not chipped or cracked.	____	____

⚠ **CAUTION:** MERCURY IS A POISON. Do not use a glass mercury thermometer that is chipped or cracked.

Yes No

4. Check the area around you to make sure that you will not hit anything when shaking the thermometer. ____ ____

5. Shake the thermometer by snapping your wrist downward, as if you are shaking water from your fingers. ____ ____

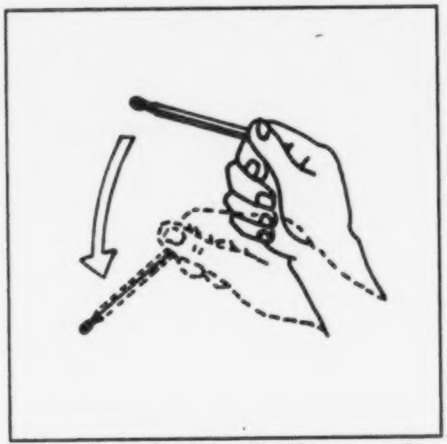


FIGURE 9. Shaking the thermometer.

6. Continue shaking the thermometer until the mercury level is below the first marking. ____ ____

7. Check the thermometer to make sure that it is not chipped or cracked. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Hands washed before shaking down the thermometer.	4	3	2	1
Mercury level after shaking is below the first marking.	4	3	2	1
Thermometer is checked to make sure it is not chipped or cracked.	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 3 — OBTAIN VITAL SIGNS — 4

Name ______________________________

OBJECTIVE 12

Take an oral temperature using a mercury thermometer.

INTRODUCTION

Taking an oral temperature is probably the most common way of determining body temperature. The tip of the thermometer measures the body's internal temperature under the tongue, where blood vessels are close to the surface. The mouth is also easy to reach without requiring the resident to remove any clothing.

EQUIPMENT AND SUPPLIES

- Mercury thermometer

  NOTE: Never use a rectal thermometer to take an oral temperature!

- Watch with a second hand
- Clean tissue
- Paper and pen
- Clean, disposable gloves
- Plastic thermometer covers

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

	Yes	No
1. Check for contraindications for the oral method. Do not take an oral temperature if any of the following are true:	____	____

   a. If the person is not responsible for his or her own actions (such as an unconscious or delirious person, or a child under the age of 4-5 years);

General Relating Skills

- Analyze/apply non-verbal communication
- Interact with clients/ customers/patients

Cognitive Activities Skills

- Transfer knowledge/training to new situations

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

	Yes	No
b. If the person cannot hold the mouth closed, such as someone who must breathe through the mouth, is paralyzed on one side of the body, or has had surgery or injury to the mouth or nose;		
c. If the person has open sores to the mouth or lips;		
d. If the person has a tube in the mouth or nose; or		
e. If the person has a history of seizures.		
2. Wash your hands.	_____	_____
3. Make sure that the thermometer has been properly cleaned.	_____	_____
4. Explain the procedure to the resident.	_____	_____
5. Assist the resident to a sitting or lying position.	_____	_____
6. Put on disposable gloves. (Optional)	_____	_____
7. Shake the thermometer down. (See Job Sheet 2.)	_____	_____
8. Rinse the bulb of the thermometer under cool water to remove the antiseptic solution and to moisten the tip, or place a plastic cover over the thermometer.	_____	_____

	Yes	No
9. Gently place the bulb end under the person's tongue; ask him or her to keep lips closed without biting the thermometer.	____	____
10. Remaining with the resident, keep the thermometer in place for 2-3 minutes.	____	____
11. Carefully remove the thermometer and either wipe it from the stem to the bulb with clean tissue, or remove and discard the plastic cover.	____	____
12. Record the temperature on paper.	____	____
NOTE: Report any changes from normal to your supervisor.		
13. Make the resident comfortable.	____	____
14. Shake the thermometer down. (See Job Sheet 2)	____	____
15. Clean the thermometer.	____	____
16. Clean the area and return equipment and supplies to their proper storage.		
a. Throw away the disposable gloves.	____	____
b. Return the thermometer to its case or store it in antiseptic solution.	____	____
17. Wash your hands.	____	____
18. Document the temperature reading as required.	____	____

NOTE: Oral temperatures outside of the normal range, 97.6° F – 99.6° F or 36.5° C – 37.5° C, should be reported to your supervisor.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident's safety and comfort maintained throughout the procedure.	4	3	2	1
Temperature is properly documented.	4	3	2	1
Thermometer is properly cleaned, shaken down and stored after the procedure is finished.	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB
SHEET 4

OBTAIN VITAL SIGNS

4

Name ______________________________

OBJECTIVE 13

Take a temperature using an electronic thermometer.

INTRODUCTION

Electronic thermometers are portable, battery-powered units that can be recharged between uses. This thermometer has an attachment called a probe and a disposable sheath covering the probe. There are separate oral and rectal probes, often indicated by different colors (blue for oral, red for rectal). The electronic thermometer eliminates the human errors and variations possible when reading a glass mercury thermometer. The disposable sheath is used only once, helping to prevent the spread of germs.

EQUIPMENT AND SUPPLIES

- Electronic thermometer
- Oral (blue) probe for thermometer
- Disposable probe cover (sheath)
- Paper and pen
- Clean, disposable gloves

PROCEDURE

	Yes	No
1. Check for contraindications for the appropriate method.	____	____
2. Wash your hands.	____	____
3. Put on disposable gloves. (Optional, unless you are taking a rectal temperature.)	____	____
4. Explain the procedure to the resident.	____	____
5. Assist the resident to a sitting, lying, or other appropriate position.	____	____
6. Prepare the thermometer according to the manufacturer's instructions.	____	____

Functional Reading Skills
- Follow written instructions

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

	Yes	No
7. Place the covered probe in the selected area.	____	____
8. Leave the probe in place until the electronic signal indicates that the temperature has been measured.	____	____
9. Record the temperature from the digital display immediately.	____	____
NOTE: Report any changes from normal to your supervisor.		
10. Make the resident comfortable.	____	____
11. Clean the area and return equipment and supplies to their proper storage:		
a. Discard the probe cover (sheath) without touching it.	____	____
b. Return the probe to its stored position in the receptacle.	____	____
c. Throw away the disposable gloves, if used.	____	____
d. Return the electronic thermometer to its charging unit.	____	____
12. Wash your hands.	____	____
13. Document the temperature reading as required.	____	____
NOTE: Temperatures outside of the normal ranges should be reported to your supervisor.		

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Resident's safety and comfort maintained throughout the procedure.	4	3	2	1
Temperature is properly taken and documented.	4	3	2	1
Area is cleaned; equipment and supplies are properly stored after the procedure is finished.	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill

1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 5

OBTAIN VITAL SIGNS

4

Name ______________________________

OBJECTIVE 14

Take a rectal temperature using a mercury thermometer.

INTRODUCTION

Before taking a rectal temperature, determine the most comfortable way to position the resident on his or her side. The resident may have special problems requiring special consideration, such as a weakened side, sores, or tubes and other equipment.

If the resident is a child, you must also determine whether the child is familiar with the rectal method and whether there have been any special problems using this method.

EQUIPMENT AND SUPPLIES

- Mercury thermometer marked Rectal
- Watch with a second hand
- Clean tissue
- Lubricant (water soluble)
- Paper and pen
- Clean, disposable gloves

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

	Yes	No
1. Check for contraindications for the rectal method. Do not take a rectal temperature if any of the following are true:	____	____

   a. If the person has diarrhea;

   b. If the person has heart disease;

   c. If the person has a rectal disorder or injury;

   d. If the person has had rectal surgery.

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/ customers/patients

Cognitive Activities Skills
- Transfer knowledge/ training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

	Yes	No
e. If the person has stool in the rectum; or		
f. If the person has had an enema within the last 30 minutes.		
2. Wash your hands.	____	____
3. Check the thermometer:		
a. Make sure that the thermometer is a rectal thermometer.	____	____
b. Make sure that the thermometer is not chipped or cracked.	____	____
c. Make sure that the thermometer has been properly cleaned. (See Job Sheet 1.)	____	____
4. Explain the procedure to the resident.	____	____
5. Properly position the resident by placing the resident on one side and flexing the upper knee.	____	____
6. Put on clean, disposable gloves.	____	____
7. Shake the thermometer down. (See Job Sheet 2)	____	____
8. Lubricate the bulb of the thermometer, using a small amount of lubricant on a tissue.	____	____

NOTE: There are disposable rectal thermometer sheaths that come prelubricated.

	Yes	No
9. Carefully insert the thermometer:		
a. Turn back the covers or clothing just enough to see the rectal area.	____	____
NOTE: Provide privacy. Avoid exposing the resident any more than necessary.		
b. Raise the resident's upper buttock to expose the anus.	____	____
c. Insert the lubricated bulb gently into the rectum 1 inch to 1½ inches (for an adult).	____	____
d. Remaining with the resident, keep the thermometer in place for 2-4 minutes.	____	____
10. Carefully remove the thermometer and wipe it clean from the stem to the bulb with clean tissue or remove the disposable sheath.	____	____
11. Record the temperature immediately.	____	____
NOTE: Report any changes from normal to your supervisor.		
12. Clean the rectal area with clean tissue.	____	____
NOTE: If the resident is female, wipe from front to back, away from the vagina.		
13. Make the resident comfortable.	____	____
14. Shake the thermometer down.	____	____
15. Clean the thermometer.	____	____

	Yes	No
16. Clean the area and return equipment and supplies to their proper storage:		
a. Throw away the used tissues.	____	____
b. Throw away the disposable gloves.	____	____
c. Return the thermometer to its holder.	____	____
17. Wash your hands.	____	____
18. Document the temperature reading as required.	____	____

NOTE: Temperatures that are outside of the normal range, 98.6° F – 100.6° F or 37.0° C – 38.0° C, should be reported to your supervisor.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Resident's safety, comfort, and privacy maintained throughout the procedure.	4	3	2	1
Temperature is properly taken and documented.	4	3	2	1
Area is cleaned; equipment and supplies are properly stored after the procedure is finished.	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 6

OBTAIN VITAL SIGNS

Name ____________________

OBJECTIVE 15

Take an axillary temperature using a mercury thermometer.

INTRODUCTION

Taking an axillary temperature is an alternative to taking an oral or rectal temperature. It is the safest but least reliable method of obtaining body temperature.

EQUIPMENT AND SUPPLIES

- Mercury thermometer (oral)
- Watch with a second hand
- Clean tissue
- Paper and pen

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

	Yes	No
1. Wash your hands.	____	____
2. Check the thermometer:		
a. Make sure that the thermometer is not chipped or cracked.	____	____
b. Make sure that the thermometer has been properly cleaned.	____	____
3. Explain the procedure to the resident.	____	____

General Relating Skills

- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Cognitive Activities Skills

- Transfer knowledge/training to new situations

Job Acquisition/Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

Yes No

4. Position the resident:

   a. Assist the resident to a sitting or lying position. ____ ____

   b. Expose the resident's arm up to the armpit. ____ ____

   c. Pat the armpit dry with tissue (if needed). ____ ____

   NOTE: Avoid rubbing the armpit; the friction will create heat, which will affect the temperature reading.

5. Shake the thermometer down. (See Job Sheet 2.) ____ ____

6. Place the thermometer in the armpit with the mercury tip pointing slightly upward toward the shoulder. ____ ____

7. Place the resident's arm across the chest or abdomen, to hold the thermometer in place. (See Figure 10.) ____ ____

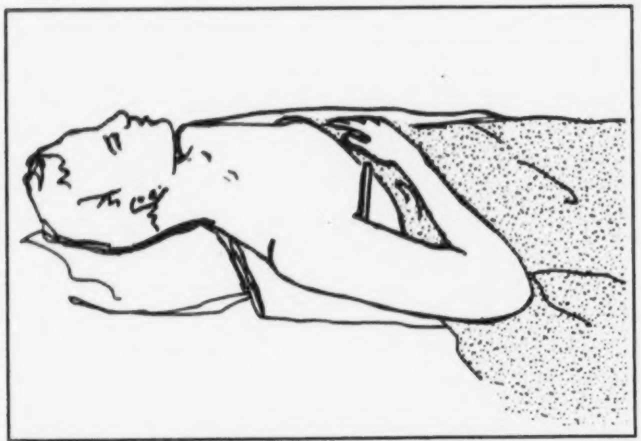

FIGURE 10. Hold the thermometer in place.

	Yes	No
8. Remaining with the resident, keep the thermometer in place for 5–10 minutes.	____	____
9. Carefully remove the thermometer and wipe it from the stem to the bulb with clean tissue.	____	____
10. Record the temperature on paper.	____	____
NOTE: Report any changes from normal to your supervisor. Remember to write "ax." to indicate an axillary temperature.		
11. Make the resident comfortable.	____	____
12. Shake the thermometer down.	____	____
13. Clean the thermometer. (See Job Sheet 1.)	____	____
14. Clean the area and return equipment and supplies to their proper storage.	____	____
15. Wash your hands.	____	____
16. Document the temperature reading as required.	____	____

NOTE: Temperatures outside of the normal range, 96.6° F – 98.6° F or 36.0° C – 37.0° C, should be reported to your supervisor.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Resident's safety and comfort maintained throughout the procedure.	4	3	2	1
Temperature is properly taken and documented.	4	3	2	1
Area is cleaned; equipment and supplies are properly stored after the procedure is finished.	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

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JOB
SHEET 7

OBTAIN VITAL SIGNS

4

Name ______________________________

OBJECTIVE 16

Take a radial pulse and respiratory rate.

INTRODUCTION

When you take a pulse, you can identify (1) the rate, or how many times the heart beats per minute, and (2) the rhythm, or how regular or irregular the heart beats. The body has certain points where the pulse can be easily felt with your finger. One of the easiest points is at the wrist, which is the radial artery.

EQUIPMENT AND SUPPLIES

- Watch with a second hand
- Paper and pen

PROCEDURE

	Yes	No
1. Wash your hands.	____	____
2. Explain the procedure to the resident.	____	____
3. Place the resident's arm in a comfortable position at heart level. (See Figure 11.)	____	____

Functional Reading Skills
- Make measurements

Functional Math Skills
- Make measurements

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

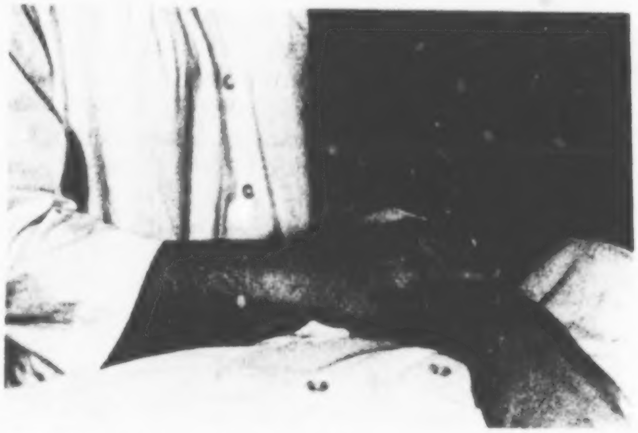

FIGURE 11. Placing the resident's arm.

Cognitive Activities Skills

- Transfer knowledge/training to new situations

Job Acquisition/Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes

Yes No

4. Using the tips of your first two fingers (not your thumb), locate the radial pulse on the thumb side of the resident's wrist. (See Figure 12.)

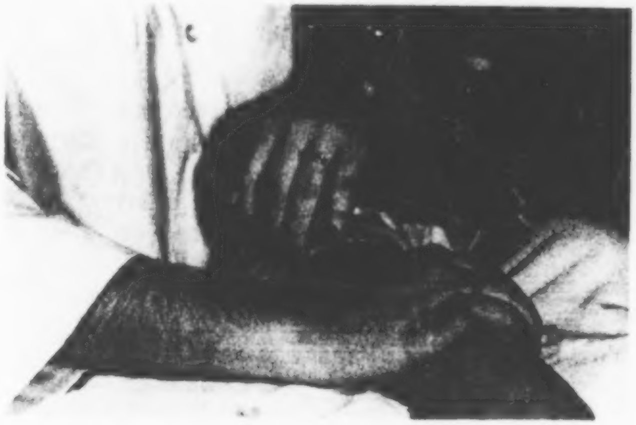

FIGURE 12. Locate the radial pulse.

5. Count the pulse for one full minute while exerting slight pressure over the radial artery.

6. While counting the pulse, observe the resident's respirations for one full minute.

   NOTE: The resident must not know that you are counting his or her respirations. If the resident is aware that you are counting respirations, then he or she may change his or her breathing. This will make it impossible for you to get an accurate reading.

7. Record the pulse and the respiratory rate on paper immediately.

   EXAMPLE: P.80 R. 12

	Yes	No
8. Make the resident comfortable.	____	____
9. Wash your hands.	____	____
10. Document the pulse and respiratory rates as required.	____	____

NOTE: Report any changes from normal readings to your supervisor.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

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____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Resident's safety and comfort maintained throughout the procedure.	4	3	2	1
Pulse rate is properly documented.	4	3	2	1
Respiratory rate is properly documented.	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

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JOB SHEET 8 OBTAIN VITAL SIGNS 4

Name ______________________________

OBJECTIVE 17 **Take blood pressure.**

INTRODUCTION

When you take a resident's blood pressure, you will be doing two things at the same time: you will be listening for the sound of the brachial artery, and you will be watching the indicator on the sphygmomanometer.

A blood pressure reading includes two types of pressure: the systolic pressure (top reading) and the diastolic pressure (bottom reading). These pressures are recorded in millimeters of mercury, written "mmHg."

EQUIPMENT AND SUPPLIES

- Sphygmomanometer (mercury or aneroid type)
- Stethoscope
- Paper and pen
- Cotton balls with antiseptic or antiseptic gauze wipes

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Math Skills
- Make measurements

	Yes	No
1. Wash your hands.	____	____
2. Explain the procedure to the resident.	____	____
3. Assist the resident to a sitting or lying position.	____	____
4. Choose the appropriate arm for measuring blood pressure. Do not use an arm if any of the following are true:	____	____

  a. If the arm is weakened due to stroke;

  b. If the resident has had a mastectomy (removal of the breast) on that side;

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Cognitive Activities Skills
- Transfer knowledge/training to new situations

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes

Yes No

c. If the resident has an intravenous (IV) line or a cast on that arm; or

d. If the resident has an injury or has had surgery on that arm or shoulder.

5. Position the arm so that the arm is resting at the level of the heart with the palm facing upward. ____ ____

6. Remove restrictive clothing from the arm or roll the sleeve up to the shoulder. ____ ____

7. Determine that the blood pressure cuff is the appropriate size for the resident: ____ ____

a. Use a small cuff for children and very thin adults;

b. Use a medium cuff for most average-size adults; and

c. Use a large cuff (often called a thigh cuff) for obese adults.

NOTE: The width of the cuff is important for obtaining an accurate reading. The cuff should be 20% wider than the diameter of the arm. A poorly fitting cuff can lead to false high or false low readings.

	Yes	No
8. Position the cuff snugly around the arm about one inch above the elbow, with the rubber bladder over the brachial artery. (See Figure 13.)	_____	_____

NOTE: Most blood pressure cuffs have an arrow marked to identify the center of the bladder. Center this arrow along the inside of the elbow.

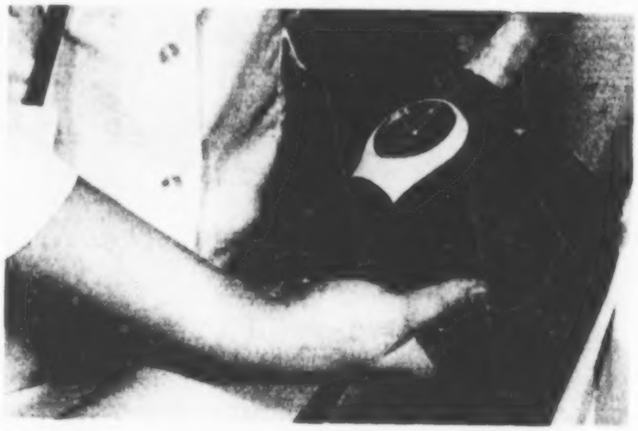

FIGURE 13. Position the blood pressure cuff.

Yes No

9. Clean the earpiece and the diaphragm of the stethoscope with antiseptic on cotton balls or with antiseptic gauze wipes. (See Figure 14.) _____ _____

FIGURE 14. Clean the earpiece.

10. Place the earpiece of the stethoscope in your ears. _____ _____

NOTE: If using a bell-type stethoscope, make sure that it is closed.

	Yes	No
11. Locate the brachial artery pulse with your fingertips and place the diaphragm of the stethoscope over the pulse beat. (See Figure 15.)	____	____

NOTE: You will probably not yet be able to hear the pulse beat through the stethoscope.

FIGURE 15. Locate the brachial artery pulse.

12. Tighten the screw on the rubber bulb of the sphygmomanometer. (See Figure 16.)	____	____

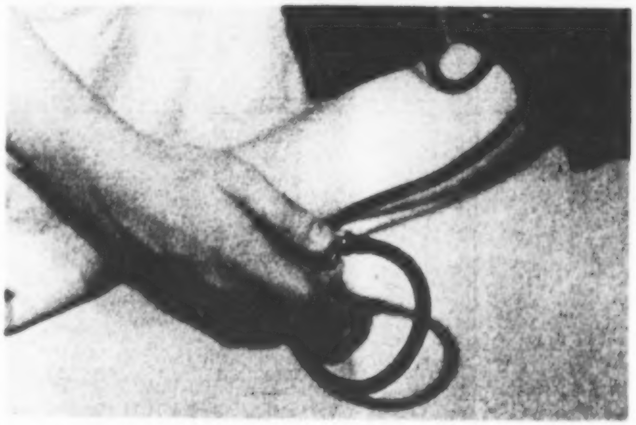

FIGURE 16. Tighten the screw.

Yes No

13. Inflate the cuff by squeezing the bulb repeatedly, listening for the pulse sounds to appear and then stop. Inflate the cuff about 20 mmHg higher after the pulse sounds stop. (See Figure 17.) ____ ____

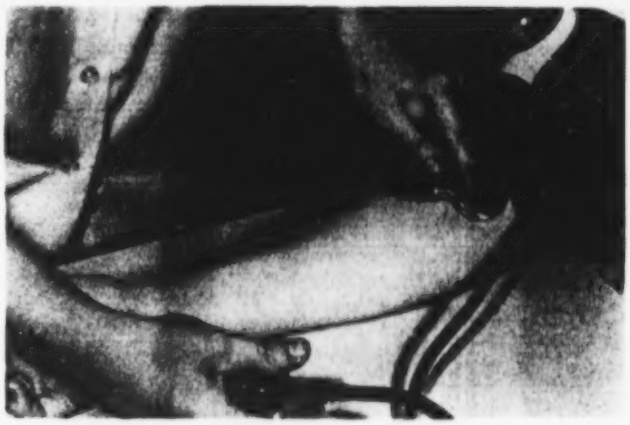

FIGURE 17. Inflate the cuff.

14. Open the thumb valve of the bulb slightly, gradually releasing the air in the cuff. (See Figure 18.) ____ ____

FIGURE 18. Open the thumb valve.

	Yes	No
15. Observe the manometer gauge at eye level (not the level of the meniscus) when the first strong pulse is heard. This is the systolic pressure.	____	____
NOTE: Continue to listen while gradually releasing more air from the cuff. The air should be released slowly.		
16. Observe the manometer gauge at eye level when the last distinct loud sound is heard. This is the diastolic pressure.	____	____
NOTE: Be sure to hold the stethoscope very still and do not move your hands. You might confuse the sounds of these movements with the pulse sounds.		
17. Deflate the cuff completely by opening the bulb valve. The pressure will fall to zero.		
18. Record the systolic and the diastolic pressures immediately.	____	____
EXAMPLE: Blood pressure is written "120/80" and is read as "120 over 80."	____	____
19. Wait one minute with the cuff deflated, then repeat the procedure.		
NOTE: Blood pressure measurements can fluctuate slightly in a short period of time. Take the blood pressure again to check for accuracy.	____	____

	Yes	No
20. Remove the cuff from the resident's arm and make the resident comfortable.	____	____
21. Clean the earpiece and the diaphragm of the stethoscope with antiseptic on cotton balls or with antiseptic gauze wipes.	____	____
22. Clean the area and return equipment and supplies to their proper storage.	____	____
23. Wash your hands.	____	____
24. Document the blood pressure readings as required.	____	____

NOTE: Report any changes from normal readings to your supervisor.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

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Criteria:

Resident's safety and comfort maintained throughout the procedure.	4	3	2	1
Blood pressure is properly documented.	4	3	2	1
Stethoscope is properly cleaned and stored for the next use.	4	3	2	1
Sphygmomanometer is ready for the next use.	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

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